CHANGES FOLLOWING ADVERSITIES: THE ROLE OF RELIGIOUS COPING IN THE LIVES OF HOMELESS WOMEN OF VRINDAVAN (INDIA)

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To the memory of Amma (my grandmother)

ABSTRACT

There are 17,571 homeless women in Vrindavan, a major pilgrimage town in North India (State Government Report, 2012). The town is spread across 4.56 square kilometers and the number of homeless women is increasing continually (NCW, 2010). The living conditions are inadequate and the majority live below the poverty line (Rai, 2010). In the last two decades, various attempts have been made by the government and non government organizations to build physical amenities, but psychological well being remains ignored (Rana & Misra, 2010). In literature, these women have often been portrayed as the victims of various tragedies, presenting only the vulnerable side. The present thesis attempts to explore the thriving side of these women, along with the vulnerable one. This thesis aims to study the changes, following various adversities, which homeless women of Vrindavan have faced in their lifetime. The study takes a critical stance of the medical model of negative changes following adversities, and endorses the understanding offered by positive psychology. Within positive psychology, the present thesis rejects the use of the term 'Posttraumatic Growth' because of the medical and universal implications that the term "trauma" brings, ignoring the cultural differences. Therefore, 'Changes Following Adversities' is used as the preferred term.

Amongst various factors affecting changes following adversity, religious coping is one of the factors. Its significance has been studied less often than other factors such as social support, personal strengths, personality and optimism. The western perspective is still sceptical about the role of religion in changes following adversity, both methodologically and theoretically. Interestingly, with the population under study, the influence of religion was speculated to be large, because of the religious significance that Vrindavan has. Therefore, to capture the complexity of the experiences, grounded in the culture, a narrative approach was used. Thirty four life narratives were transcribed and translated for the analysis. Thematic analysis was employed to understand the changes across different participants.

Overall, the thematic analysis indicated three major themes – adversities, coping strategies and changes following adversities. There were multiple

adversities faced by the participants which were based in communal riots, poverty and patriarchal subjugation. Amongst all the coping strategies, emotion focused coping, particularly religious coping, emerged as one of the dominant themes. Ideographically, there were mixed findings on adversity related changes experienced by the participants. Changes in self and philosophy were the two major positive changes reported by the participants. Mental suffering in the form of worries, grief, somatic complaints and depressogenic thoughts were found as negative changes following adversities. A model was derived from the analyses to consolidate the findings, elaborating on the cognitive and emotional processing, leading to changes following adversities.

The research has three fold implications-theoretical, methodological and practical. Theoretically, the study has implications for broadening the term trauma and post traumatic growth; using narrative to foster growth; and integrating religion in psychotherapy. Methodologically, the study has implications for cultural nuances faced while studying culturally variant populations, such as translations, and sample characteristics. The practical implications of the study indicate future interventions directed more towards wellbeing than welfare for the population under study.

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Declaration

The thesis is original piece of work. Courses and training offered by the department of psychiatry and applied psychology, graduate school and external universities have been attended to pick relevant knowledge and skills, and also present the research work by the author**.**

LIST OF ABBREVIATIONS

APA	American Psychiatric Association
CNN	Cable News Network
DOES	Disorder of Extreme Stress
DSM-V	Diagnostic Statistical Manual – V
GBP	Great Britain Pound
GOS	Guild of Services
ICD10	International Classification of Disorder -10
IGNWPS	Indira Gandhi National Widow Pension Scheme
NAOP	National Old Age Pension
NCW	National Commission for Women
NIMHANS	National Institute of Mental Health and Neurosciences
NSAP	National Social Assistance Programme
PTSD	Post Traumatic Stress Disorder
TNN	Times News Network
UNCHR	United Nation Commission on Human Rights
UNIFEM	United Nations Women's Fund
UNODC	United Nation Office on Drug and Crime
WHO	World Health Organisation

USE OF TERMINOLOGY

Changes Following Adversity -There are various terms used for changes following adversities; thriving, post traumatic growth, benefit finding, stress related growth and adversarial growth. The present study prefers to use 'changes following adversity' for its neutral language, cultural sensitivity, and lack of implication of the medical model of trauma. References to different terms are made when quoting other researchers' preference for a term.

Homelessness - The present thesis endorses the socially constructed definition of homelessness. The operational definition of homelessness, suitable for the Indian set up, is defined as; people living without conventional accommodation (living in streets, parks, railway stations); moving between places (friends, families, travelling), living in permanent boarding houses, shelter homes or living in houses with less than adequate facilities.

Religion – Religion has been used as a term distinct from spirituality. Religion is understood in the context of well established traditions, with a set God figure/ image/ notion. The pathways to reach God are set, which are followed within the traditions- rituals, services, literature, and virtues (Dykstra, 1989). The distinction between the two is more relevant in the context of Hinduism followed and practiced in India (relevant to the thesis). Hindu philosophy preaches two pathways to unite with the sacred. One is the Bhakti Yoga, which requires religious rituals and practices. The other one is Gyana Yoga, which requires understanding of the body and soul. It is suspected that Hindus following Gyana yoga are more likely to be spiritual and Hindus following Bhakti Yoga are more religious. That way spirituality could be experienced within the umbrella of traditional religion; however, it would be same quality as that experienced by an atheist.

Religious Coping - Religious coping has been defined as the use of religious belief or behaviour to facilitate problem-solving to prevent or alleviate the negative emotional consequences of stressful life circumstances (Koenig, Pargament & Nielsen, 1998).

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1 Background

1.1 Chapter Overview

This chapter presents the background to the present research. It starts with figures of homeless people across the globe, in India and in Vrindavan. It then presents information about the city of Vrindavan and its religious significance, followed by data regarding the situation of homeless women in Vrindavan. The chapter ends with the rationale for the present study, along with the overview of the thesis.

1.2 Homeless Women in India

According to Kothari (2005), in a special report on rights to adequate housing, 1.6 billion people live in less than adequate housing across the world and an estimated 100 million people have no housing at all (United Nation Commission on Human Rights-UNCHR, 2005). In India, there were 1.77 million homeless people according to Census 2011. The census defines homeless people as living in open locations such as roadsides, railway platforms, pavements, pipes, under flyovers, staircases, places of worship and in *mandaps* (tents). Unlike the UNCHR 2005, the census of India 2011 does not define people who live in shelter homes or institutions as homeless. They are covered under the category called the "Institutional" population. The census defines institutional people as a collection of people living in an institution, taking their meals from a common kitchen. This includes hostels, hotels, rescue homes, *ashrams*[1], orphanages and jails. The Registrar General of India reports a total of 7,802,866 people who have been living in various institutions across India (Census 2011). Because of this, there is a discrepancy in definition for people living in shelter homes as homeless (global) and institutional (India). The present research uses the term "homeless" instead of "institutional", in order to draw on relevant literature across the globe. Chapter

[1] *Ashrams – According to Oxford dictionary, refers to a hermitage, monastic community, or other place of religious retreat (esp. in South Asia). In Vrindavan, shelter homes are also called Ashrams.*

2 further elaborates on the operational definition of homelessness, used for research (Section 2.2.1).

According to Kothari's report, the majority of homeless people across the globe are women and children. Women only count for 50 percent of the homeless population and, ironically, they share only one percent of the world's wealth because of traditional property rights, unequal employment wages, mass displacements caused by wars and slum abolition (UNCHR, 2005). In India, Sekhar (2011) identifies three major clusters of circumstances that make Indian women homeless. The first cluster involves women who have been deserted, divorced or displaced. The second cluster counts women who have been trafficked for sex work or are diagnosed with mental illnesses. The third cluster has women who are widows or victims of abuse, sexual or physical (UNODC & NIMHANS, 2011).

Though there is no clear data on the number of homeless women living in ashrams across India, religious places like Vrindavan, Puri, Haridwar and Varanasi have started to attract thousands of destitute women, especially widows (Ahluwalia, 2002). Dr Mohini Giri, a veteran activist on the issue, reported an estimate of 15,000 destitute widows in Vrindavan alone (Rai, 2007). Dr Girija Vyas, chairperson of the National Commission for Women, reported a growing number of women moving to Vrindavan in recent years. In addition, she reported that recently, Vrindavan has been providing shelter not only to widows but also to divorced, separated and abandoned single or unmarried women (National Commission for Women- NCW, 2010). In the context of Vrindavan, renouncing domestic responsibilities on religious grounds is said to avoid the stigma of being unmarried or in a bad marriage and having an unsupportive family (Khandelwal, Hauser & Gold, 2006). Therefore, in the present study homeless women are used instead of homeless widows to cover unmarried, divorced and separated women.

1.3 Significance of Vrindavan

Hinduism is an ancient religion followed primarily in the Indian sub-continent (Alex, 2004). Hinduism has roots in the Vedic culture, which originated in

India between 2000-1500 BC (Siegel, 1987). The influence of Vedic culture and Hinduism on India can be inferred from the Hindi name of India – *Hindustan* (land of Hindus). Approximately 80.5 percent of the Indian population follows the Hindu religion according to the 2011 census (Registrar General of India, 2011). The *Bhagavad Gita* (Mythological text) is said to contain the true essence of Vedic culture. It is a part of the epic Mahabharata. The Bhagavad Gita is built around the conversations between Arjuna, "the warrior" and Lord Krishna, "the guide" on various theological and philosophical issues (Prabhupada, 2008).

The significance of Vrindavan comes from the fact that Lord Krishna was born on this land. The area of the town is 4.56 square kilometers. The town has a high population density of 15,000 people per square kilometer (Kurushrestha, 2004). In the present day it is one of the major pilgrimages in India. 10,000 pilgrims visit the land every day. There was an inflow of 3.31 million visitors and 16,000 international tourists in 2003 (NCW, 2010). The town has more than 500 temples, as reported by the Local Government, 2001 (NCW, 2010). The town is also called the "city of widows" (CNN, 1997).

Historical and contemporary forces collectively have contributed to its present day image. Historically, Chaitanya Maha Prabhu, considered as a devotee and reincarnation of Lord Krishna, was born into a *Vaishnava*[2] family of West Bengal. In 1553, he moved to the land of Lord Krishna and set his temple for preaching *Bhakti Yoga*[3] (Thakur, 1987). Ostracized widows in West Bengal found solace in his preaching and gradually started retiring to Vrindavan to surrender themselves to Lord Krishna (Rai, 2007). However, in recent times an increase in tourism and religious charities has attracted deprived, troubled and abandoned women from all over India to get free shelter and basic amenities for their survival (Rai, 2010). Government assistance and offerings from charitable organizations have turned out to be the contemporary reasons for attraction and sustenance for homeless women.

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[2] *Vaishnava – this is a specific sect under Hinduism which believes in Vishnu and his avatars named Rama and Krishna.*

[3] *Bhakti Yoga – has been described as a spiritual movement where devotion to Lord Krishna and Lord Rama for salvation is propagated.*

1.4 Situation of Homeless Women in Vrindavan

The current status of homeless women in Vrindavan can be inferred from the reports documented since the year 2000 elucidating situation of homeless women there. The search included research projects carried out by the government, non-governmental and international organisations. This yielded seven research reports. The search was carried out in person, collecting reports from different offices and libraries, based in India. Movies, fictional work and newspaper articles were not considered as key sources for this summary because of the potential biases of the authors, movie directors and journalists.

While the majority of the reports provide basic demographic statistics, others have attempted to look into the personal experiences of the women. Methodological details of the studies have been presented in Table 1. The findings of the studies have been collated and summarised in the following pages under different headings.

1.4.1 Demographic Details

A summary on the demographic characteristics of the women living in Vrindavan reveal that at least three quarters of the women are widows (NCW, 2010; Rai, 2010). This was followed by 17% of married women, 5% unmarried and 2% legally separated (NCW, 2010). Amongst the group of widows, the majority were found to be above the age of 50 years (Bhandari, Giri, Khanna, Pandey, Aiyer, Kansal & Ponnachan, 2002). Approximately four fifths of the women reported being married before the age of 17 (NCW, 2010). All studies unanimously reported the majority of women as illiterate (Majumdar, 2002; Bhandari et al., 2002; Rai 2007,2010; NCW, 2010; Rana & Misra, 2011; Sharma & Mitra, 2013).

Table 1.1 Characteristics of studies with homeless women in Vrindavan

Studies/Reports	Source	Aim of the study	Sample Selection	Method
Sharma & Mitra (2013)	Unpublished Dissertation	To understand the meaning of widowhood and sexuality after moving to Vrindavan	Sample was selected from the government run ashram (n=5)	Qualitative inquiry (Semi structured Interviews), using feminist theoretical perspective
Rana & Misra (2010)	Published Dissertation	To understand the lived challenges of the women in Vrindavan	Sample was selected from the government run ashrams (n=6)	Qualitative inquiry (in-depth interviews), using grounded theory approach
National Commission for Women (2010)	Government of India Report	To understand the present status and problems of the widows	Sample was selected from women living in government ashrams, rented houses and religious ashrams located in Radhakund, Barsana and Govardhan (n=216)	Survey
Rai (2010)	Guild of Services and UNIFEM – Joint Project	To understand the dimensions of deprivations/poverty faced	Sample was selected from different settings (Ashrams, rented houses, open spaces and others) within Vrindavan. (n=500)	Survey
Rai (2007)	Guild of Service and UNIFEM – Joint Project	To find factors that bring widows to Vrindavan	Selected from different settings across Vrindavan. (n= 250)	Survey
Bhandari et al., (2002)	Guild of Service Project	To identify problems faced by widows in Vrindavan and Varanasi	Sample selected from different parts of Vrindavan and Varanasi (n=240)	Survey
Majumdar (2002)	-	To identify the pattern of migration and the need for rehabilitation in widows/destitute women in Vrindavan	Sample selected from Vrindavan (n=200)	Survey

1.4.2 Pattern of Migration

The majority of the women came from West Bengal, making up three quarters of the population (Bhandari et al., 2002; Majumdar, 2002), followed by the state of Uttar Pradesh (7%) and neighbouring countries like Nepal and Bangladesh (5%) (Rai, 2007). The participants were reported to have lived in Vrindavan for time spans ranging from 5- 25 years (NCW, 2010; Rai, 2010) and 9 out of 10 reported no intentions to go back home (Rai, 2007; Majumdar, 2002). 44% of the women came to Vrindavan willingly, 25 % for religious reasons and 23% because of family disputes (Majumdar, 2002).

1.4.3 Living Conditions

In the research by the NCW (2010), two kinds of accommodation inhabited by the participants were reported. One was rented houses, shared by 4-5 women collectively and costing 175 rupees (GBP 1.7) per month, with no washroom or electricity. The other kind of accommodation was shelter homes. The shelters had bigger rooms but were crowded, with poor ventilation and maintenance (NCW, 2010). The staff of ashrams were reported to include underpaid and ill equipped wardens, assistant wardens, nurses, counsellors, sweepers and guards. (NCW, 2010).

1.4.4 Economic Conditions

According to Rai (2010) food and clothing was not a problem due to an abundance of charities. More than 77% of the population was reported to earn from multiple sources (Majumdar, 2002). Free monthly rations, widow's and old age pensions, a food allowance, bhajans (Mass prayers), part time work and begging were the various sources of income (NCW, 2010). Evaluation of the pension and charity schemes revealed that 58 percent reported no ration card and 68 percent of participants reported no pension and irregular food money (NCW, 2010). Lack of documents, an inefficient outreach programme and corruption have been stated as some of the reasons (Rai, 2010). For many a lack of education, old age and language barriers make it difficult for them to find and sustain a job (NCW, 2010).

Women need to have 1,380 Rupees (£13.58) per month to be above the poverty line; 90 percent of the women earn less than 1000 Rupees (£10) a month (Rai, 2010). 37 percent of their monthly income goes on food and shelter, followed by medicine, travel and personal use (7.4 percent each) and 3.7 percent was spent on pooja (religious) activities. This is the reason why women remain paupers despite all the efforts (Rai, 2010). However, recently, the NGO Sulabh International has started paying an additional pension of Rs 2000 (GBP 20) per month irrespective of their residential status and documents (The Deccan Herald, 2013). This has been reported to ease the financial status of women.

1.4.5 Health Care, Physical and Mental Health

Diarrhoea and fever were the frequently reported health complaints of the participants. Some common diagnosed chronic health issues that were reported were arthritis (39%), high blood pressure (33%), asthma (21%), diabetes (13%) and cancer (less than 1%) (Rai, 2010). Amongst the mental issues, Bandhari (2002) found reports of unhappiness and restlessness (74%), sleep issues (69%) and loneliness (74%). Rai (2010) found fear of physical and sexual harassment (68%), and worries about salvation (63%), falling sick (55%), not being cremated properly (53%), starving (47%), being roofless (37%) and death (25%) (Rai, 2010).

Health care was free for women, but rarely did they find free medication helpful. Therefore, women used variety of other health services depending on language compatibility with the medical staff, personal savings and personal beliefs about the illness (Rai, 2010). There is, still, no medical emergency service or long-term care for bedridden women (NCW, 2010). Consulting private doctors was women's second biggest expense after food (Rai, 2010). Ignoring ailments was reported as a common pattern amongst the women (Rai, 2010). Sulabh International has recently provided one emergency ambulance with a driver to each shelter home (The Hindu, 2012).

1.4.6 Caste Differences and Sexual Exploitation

Bhandari et al. (2002) reported that rehabilitation homes and boarding homes were dominated by *Brahmin* and *Vaishnavas* (higher castes); while streets had all scheduled castes (lower castes). Rana and Misra (2010) and Sharma and Mitra (2013) also reported regionalism and caste divide. Women have been reported being used for sexual favours by priests (Rai, 2007). In addition, women from West Bengal were reported to be involved in a sex trade, with husbands acting as pimps (Majumdar, 2002). The officers from West Bengal suspected trafficking to Vrindavan (Rai, 2007).

1.4.7 Widowhood

The studies present two sides of widowhood- stigmatised and morphed. The first side of widowhood was reported as dark and bleak. More than half of women lost their husbands after 35 years of age but some experienced widowhood at a much younger age (Rai, 2010; Bhandari et al., 2002). Negative attitudes and lack of support from family members were reported by the widows (Rai, 2010; Bhandari et al., 2002). Rana and Misra (2010) reported that the majority of the women in Vrindavan go through triple jeopardy, being a woman, a widow and then an aging person. They become the most marginalised by being destitute or homeless. In the patriarchal set up a female child is always considered second to the male counterparts. She lives in the shadow of one or other man: father, husband or son. With widowhood she loses her identity and standing in society. According to Srivastava (2002), she becomes the unwanted insider. Her existence is inauspicious and inconsequential thereon (Giri, 2002). Further, with growing age, she moves to the periphery of the family (Raheja, 1988). With the disintegration of the modern Indian family, her existence becomes redundant. The manifestation of urbanisation and modernisation makes her alien to the new world and thus less welcomed by her families (Cohen, 1998). This interplay of patriarchy and disintegrated modern families was interpreted as causing the sense of estrangement, alienation and powerlessness by the women in Vrindavan especially the elderly widows (Rana & Misra, 2010).

The second side of the widowhood was more promising as self-perception by widows was inferred to be changing for the good. Rai (2010), reported a change in self-perception by widows. 95 percent had their personal opinions about dressing style, 26 percent did not favour a head tonsure (shaved head) and 22 percent felt widows should wear jewellery. 15 percent did not support dietary restriction for widows, 2 percent were open about remarriage, while 37 percent didn't express a clear opinion about remarriage (Rai, 2010). Sharma and Mitra (2013) also explored the emancipator side of migratory widows in Vrindavan using qualitative interviews. The researchers inferred the sense of autonomy, agency, selfhood and empowerment from the interviews of widows. Breaking away from the patriarchal family system offered them that space to explore personhood that they had lacked earlier. The expression of will and sense of freedom was articulated as liberating by the participants (Sharma & Mitra, 2013).

1.4.8 Religion

Religion and *Moksha* (salvation) have been reported as a reason for migration to Vrindavan (Majumdar, 2002). Rana and Misra (2011) interpreted religion as a coping strategy used by the participants to deal with the stresses of life. They found that estranged women, with a heightened sense of powerlessness against the society and system, surrendered themselves to the destiny that god had written for them. The surrender was seen a way to keep acceptance from Lord Krishna. An image of Lord Krishna was seen a substitute to the lost relations and emerged as an eternal father figure to protect and guide the participants (Kakkar, 1982).

Sharma and Mitra (2013) interpreted religion as an emancipator tool from a feminist perspective. It offered a religious community, where expression of self was given. This new self was supported by the Vishnaviate sect, which was against orthodox Hinduism. This could also be interpreted as the redefined identity of ordinary women to female saints that emerged with negotiating spaces (Sharma & Mitra, 2013)

1.4.9 Ineffective pensions and schemes

There exist some powerful legislative bills to safe guard the rights of elderly women and widows. Law provides a woman a right to claim for an equal share as sons in fathers' and ancestors' property under the Hindu succession Amendment Act (2005). As a widow she can avail the Indira Gandhi National Widow Pension Scheme (IGNWPS), the National Social Assistance Programme (NSAP) and the Annapurna scheme offering a monthly food ration. Similarly, elderly mothers can claim maintenance monthly from adult children, under the Maintenance and Welfare of Parents and Senior Citizens Bill (2007). Elderly women can also claim pension money from the National Old Age Pension (NOAP) scheme (NCW, 2010)

Despite the existing safeguards, the schemes and laws haven't been very effective primarily for three reasons. First, daughters face social hesitation in asserting their right to their fathers' property and the widow's share is still given least importance in the property of the husband. In reality females stand second in co-parcenary to men (Saluja & Saxena, 2012). Similarly, the stigma and embarrassment attached to the idea of "my own children not willing to feed me" in public stops many parents from asking for maintenance (Lamb, 2009). Second, the execution of pensions and other schemes faces corruption and bureaucratic bottle necks, as mentioned earlier in the section on economic conditions. Third, even if some people happen to receive a pension despite all the setbacks, the amount is so minuscule that it is rarely good enough for everyday expenses. Fourth, the schemes are not all inclusive. There exist no schemes for widows younger than 40 years. The government expects them to earn money for themselves and their children, but lack of education, training and employment opportunities, especially in rural areas, make this suggestion difficult to execute. Fifth, a lack of legal awareness in women is a major barrier that runs across all pension schemes and laws mentioned above. Failure on the part of government to protect the rights of the vulnerable population makes the issue more complex (Rana & Misra, 2010).

1.4.10 Summary

The findings from the literature can be synthesized to some key points. The majority of the women come from poor and rural families, with no or little exposure to education and employment skills. More than half of the women come from West Bengal, followed by Uttar Pradesh. The majority of them moved to Vrindavan after the loss of their husbands, unable to deal with the deprivation, the negative attitude of family members and for religious reasons. A few of them have been at Vrindavan for more than 25 years, and the majority of them do not plan to go back to home and they also receive no support from their family.

In Vrindavan, they live in various kinds of accommodation – rented rooms, ashrams and open spaces. Irrespective of where they stay, their living conditions are less than adequate. Pension, charity goods/money, begging, bhajjans and part time work are not sufficient to provide them with enough income to stay above the poverty line. There are policies and schemes running nationally and within different states. However, corruption, social hesitation, stigma and lack of legal awareness make them ineffective. Various forms of health care are available but emergency services and long term palliative care for bed ridden women are still required. There are reports on caste divide and sexual exploitation of the women. Based in a patriarchal society, being a female, a widow and elderly, along with being homeless make them the most marginalized section of society. However, migration was also found to be positive in that it offered a space for women to rediscover the self and to enjoy autonomy, which was lacking in their family environment. Religion was found to help re-negotiating personal identity. At a psychological level, the image of lord Krishna seems to have provided eternal support by filling the void caused by various losses and disappointments.

1.5 Rationale for the present research

The rationale for a psychological study on homeless women of Vrindavan emerges from the context presented in the preceding sections. Firstly, studies so far on the women of Vrindavan have looked predominantly at the widows,

oblivious to the changing face of homeless women of Vrindavan. There has been a constant increase in divorced, separated and unmarried women in Vrindavan as well. Secondly, apart from the two studies (Rana & Misra, 2010; and Sharma & Mitra 2013), the studies have been predominantly concerned with evaluation of basic amenities and the execution of schemes for the widows. Psychological studies making sense of phenomenon of homelessness in Vrindavan, are scarce. There are studies using a psychological perspective to understand Indian homeless women in other locations (Razeena, 2005, Suman, 2005; Suman, 2008; Sowmya & Suman, 2013); but a corpus of such studies on women from Vrindavan is still to be developed. Thirdly, a majority of the studies conducted so far have looked at women in a collective existence of widows/ destitute women using surveys or semi structured questions tapping certain aspects of experiences, ignoring the full context of the participant's life. Fourth, the majority of the reports, literature, articles and movies present only the vulnerable side of the women, ignoring their strengths. The focus on strengths, perhaps, could bring more implications on recovery and rehabilitation.

Therefore, the present research was proposed to look at the life experiences of the homeless women (irrespective of their marital status) in totality. The study also attempts to give space to personal strengths, within a well-developed psychological framework of growth following adversities. However, prior to an empirical study, it was crucial to understand the construct of growth following adversity, and implication of "traumatic/trauma" and religion in growth. Therefore, a review of literature was planned to answer the first three objectives of the research;

- First, to review literature on trauma and post traumatic growth, theoretically and empirically, in the context of homeless women.
- Given the religious importance of Vrindavan, the second objective was to find the strength of the relationship between religious coping and changes following adversities, as reported in previous literature.

- The third objective was to explore the psychological purpose religious coping served in changes following adversities, in the previous literature.

Following the review of literature, a study was designed to answer two further research objectives in context of homeless women at Vrindavan.

- The fourth objective was to study the adversities and changes following adversities experienced by the homeless women of Vrindavan.
- The final objective was to understand the role religious coping played in changes experienced by the homeless women of Vrindavan, following adversities.

1.6 Structure of the thesis

This research started with the broad aim of understanding the traumas experienced by the homeless women of Vrindavan in their lives and also the positive sides experienced of these adversities by the women. A background was created for the readers to understand the situation of homeless women at Vrindavan in chapter 1. Chapter 2 throws light on important terms and theoretical frameworks. The chapter argues in favour of the growth paradigm as the opted theoretical framework for the thesis, using humanistic and existential positioning. Chapter 3 presents a narrative review of literature on homelessness, trauma and post traumatic growth, answering the first objective of the study. Chapter 4 presents a systematic review on religious coping and changes following adversities, answering the second and third objectives of the study. Overall, the first four chapters present and synthesize relevant theoretical and empirical evidences in order to lay down a clear rationale for the next part of the study and its methodology. Chapter 5 presents the methodological choices made for the study; interview probes, procedure followed in the study, choice of analysis and ethical considerations. The chapter also justifies critical issues such as translation of interviews and the reflections of the researcher. Chapters 6, 7 and 8 describe the thematic analysis and theme specific discussions. Chapter 9 presents final discussion on the main

findings with relevant literature drawn to substantiate the findings and present new insight gathered from the research. Finally, a summary along with an evaluation and the implications of the study are discussed in Chapter 10.

2 Definitional and Theoretical Positions: Homelessness, Trauma and Growth

2.1 Chapter Overview

This chapter presents the theoretical positions and definitions pertinent to the thesis. The chapter starts with the definition of homelessness and the status of homeless women in literature (Section 2.2). It then critically explains trauma through three lenses- trauma as a disorder from medical perspective, trauma as a non disorder from psychology perspective, and then the trauma through growth paradigm in section 2.3. The following section lays down theoretical perspectives within the growth paradigm, and asserts psychological well-being as the theoretical underpinning of present research. The chapter ends with final statements on the terminologies and theoretical framework used in the thesis.

2.2 Homelessness and Women

2.2.1 Definition of Homelessness

The homeless population is heterogeneous (Scott, 1993). It varies over personal characteristics (Milburn & D'Ercole, 1991), geographical characteristics (Roth & Bean, 1986) reasons for homelessness (Fischer & Breakey, 1986) and length of homelessness (Arce & Vergara, 1983). Thus, since the 1960's, the multi-dimensional nature of homelessness has caused debates on narrowing to one definition of homelessness (Peroff, 1987). The definitions used in research, government welfare schemes, and advocacy plans have been quite varied from one to another (Chamberlain & Mackenzie, 1992). These differences can be captured through the four approaches used for definitions in literature. The 'conservative' approach defines homelessness as a condition that detaches a person from society because of broken interconnected social structures (Caplow, Bahr & Sternberg, 1968). The 'radical' approach calls for an individual to define themselves as homeless. The radical approach seeks a broader and inclusive definition and calls a person homeless when the person perceives the home not being adequate in any sense- physical or emotional (Hombs & Snyder, 1983). The 'conventional' approach identifies three forms of homeless people- without accommodation, with inadequate accommodation

and those living in temporary shelters. The fourth approach is the 'socially constructed' approach (Chamberlain & Mackenzie, 1992). It calls for a culturally relative definition of homelessness based on minimum standards for homes in particular community.

The present thesis endorses the socially constructed approach of homelessness. The study uses the operational definition of homelessness which is culturally placed in the Indian set up and defines it as: "*People living without conventional accommodation (living in streets, parks, railway stations); moving between places (friends, families, travelling), living in permanent boarding houses, shelter homes or living in houses with less than adequate facilities*"

2.2.2 Homeless Women

Rossi (1990), a sociologist, drew a historical perspective on homelessness in the United States. She found an increase in the number of homeless women and homeless families by 1990's in comparison to 1970's. The literature has stated three major reasons for the marginalized status of women amongst the homeless population. First, their representation in the majority of the homeless adult studies is much less than the males (Larney, Conroy, Mills, Burns &Teesson, 2009;Taylor & Sharpe, 2008; Morrell-Bellai, Goering & Boydell, 2000). Second, women are counted under the homeless families, combining their struggles with those of young children or of homeless partners (Cambers, Chiu, Scott, Tolomiczenko, Redelmeier, Levinson, & Hwang, 2014; Kirkman, Keys, Bodzak & Turner, 2014; Tischler, Rademeyer & Vostanis, 2007; Averitt, 2003; Banyard & Graham- Bermann, 1998; Bassuk & Rosenberg, 1988) . Third, sometimes they are non-gendered in the articles by not specifying the number of female participants and generalizing it to homeless adults or persons or people or population (Robertson &Winkleby, 1996, p. 311). This depersonalizes the existence of homeless women and ignores problems exclusively faced by homeless women (Rossi, 1990, p. 956).

Thus, the existing literature provides additional rationale for studying homeless women from India, acknowledging the dominance of western discourse in

homelessness related research, along with over-representation of homeless men in literature.

2.3 Trauma: A Critique

This section critically evaluates trauma and traumatic stress from pathology, non pathology psychology and positive psychology perspectives. The differences in the models are deeply rooted in the philosophical divide between Hedonism and Eudemonism. Hedonism refers to life dedicated to pleasure, happiness and enjoyment, whereas Eudemonism means that life is dedicated to seeking meaning, engagement with the existential challenges of life, and the actualization of human potential (Joseph, 2011b, p. 16). The pathology model and non pathology general psychology model have therefore been concerned with the reduction of distress, signs and symptoms, and coming back to pre morbid functioning whereas positive psychology supports growth following pain. The following pages present a detailed evaluation of the three perspectives – the medical/pathology model, non pathology psychology model and positive psychology model.

2.3.1 Trauma as Disorder - Medical Model

Trauma, in the Medical Model, refers to a set of responses to extraordinary, emotionally overwhelming and personally uncontrollable life events (Figley, 1985; Van der Kolk, 1987). The other technical terms used in clinical studies are Post Traumatic Stress Disorder (PTSD), Complex Trauma or Disorder of Extreme Stress (DEOS) listed in the Diagnostic Statistical Manual (DSM-V) developed by the American Psychological Association (APA) and International Classification of Disorders (ICD-10) developed by the World Health Organisation (WHO).

The diagnosis of PTSD requires re-experiencing the trauma, persistent avoidance and increased arousal for 1 month. In the case of intense and persistent symptoms ranging from two days to 4 weeks, it is diagnosed as "acute stress disorder". Brady (1997) reported that 80% of the clients diagnosed with trauma spectrum disorders also have co-morbidity of disorders

like depression, anxiety, somatic complains, dissociative disorder, affective disorders or substance abuse. Kessler (1995) found that of people who experienced/witnessed a traumatic event, 20% had no other diagnosis, 79% had at least 1 diagnosis and 44% had 3 other diagnoses. This, therefore, reflected a complicated picture of PTSD. In 2005, the 'disorder of extreme stress' was added to DSM-IV, in the associated features of PTSD, to overcome the inadequacy of PTSD (Van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). It includes chronic or multiple interpersonal traumas like abuse, deprivation and neglect.

The diagnosis of complex trauma requires dis-regulation of affect and impulse, problems in attention and concentration, negative self-perception, disturbed relations with others, and a change in the system of meaning for more than 1 month. Though highly relevant, the limitation of complex trauma to stand as an independent diagnosis often makes it an invisible diagnosis (Van der Kolk et al., 2005). Similar terms like "enduring personality changes after catastrophic experience" (ICD -10), "torture syndrome" and "battered syndrome" have been coined in the past to refer to the trauma based mental health conditions, which do not fall into the category of PTSD but have legal and research based implications (Ebert & Dyck, 2004).

2.3.1.1 Critical Evaluation of the Medical Model

Psychiatry and clinical psychology and follow DSM and ICD criteria to diagnose trauma. DSM provides a framework to understand mental illness, along with aetiology, prognosis, and a common language to communicate. On the basis of diagnosis, practical treatment plans are executed. Moreover, in countries like the UK and USA, health services offer treatment only for medical diagnoses like PTSD and, similarly, insurance companies only cover illnesses which are medically diagnosed. Despite the positives, there are five criticisms associated with trauma's affiliation to the medical model;

Issue of Culture - Bracken (2002) raises concerns related to the western understanding of trauma. Cross cultural studies have long questioned the validity of PTSD (Marsella, 1996). Bracken's work in Uganda and Summerfield's work in Rwanda, with organisations deployed for international

development and relief funds in the 1980's and 90's, elucidated that every culture has a unique concept of suffering and resilience, where western psychiatric models of distress do not hold strong ground. In addition, the measuring instruments remain a serious problem because they do not include indigenous idioms of distress and causal conceptions of PTSD and related disorders (Bracken, 2002). Thus, the medical model which is a universal and pre-dominantly western understanding of trauma ignores cultural differences.

Issue of marginalisation - Breslau and Kessler, (2001) found that the percentage of people diagnosed with trauma related diagnosis to be 40 percent in 1994 from 9.2 percent in 1980. This reflects the transformation of daily life problems into mental illness (Szasz, 1960). The problem with the increased percentage is that it further marginalises the oppressed (Patel, 2011). The model of sickness looks for vulnerability and problems, in order to fix them, ignoring resilience (Summerfield, 1999). According to Patel (2011), such an approach dehumanises an individual to their symptoms against the expert authority of the professionals.

Invalid and Unreliable Diagnosis - the problems of invalidity and unreliableness still stand as major obstacles. First, because the cluster of symptoms the patients come with can't be confirmed with consistent association of signs and physiological tests, like in many other medical sciences. Second, because of inter-clinician differences in diagnosis, questions about reliability have been raised (Bracken & Thomas, 2005). The classic Rosenhan experiment done in 1984 is an example of inconsistencies revolving around reliable diagnosis. To overcome the discrepancies between clinicians, every version of DSM and ICD has come up with more and more categories and diagnoses which in turn is leading to more people getting diagnosed with mental illnesses (Bracken & Thomas, 2005), despite clinicians' attempts at accuracy for every new version. The argument suggests that negative feelings do not necessarily imply a mental disorder.

Thus, Bracken and Thomas (2005) find the framework of DSM narrow and limiting. According to them the causal models relying primarily on the bio-

medical model of mental illnesses are inadequate for grasping the complex reality of suffering (Bracken, 2002). Bracken and Thomas (2005) further elaborates that the Positivist and Cartesian understandings of human experiences that modern psychiatry relies on puts limitations on understanding the complex reality of suffering. The Cartesian understanding, emerging from Jasper's approach to phenomenology in psychiatry, perceives trauma/ mental illness as an objective reality that needs to be discovered and that exists in the same form across cultures. Positivism reduces the experiences to a sum of chemical and physiological reactions. In this framework biological makeup takes away the responsibility for human behaviour and other aspects like society and culture are either ignored or become secondary, as mentioned earlier.

Issue of expert authority - The authority with which the knowledge experts assert their power has been under scrutiny for four major reasons; one, the verdict on standards of normalcy - how much energy in mania differs from hypomania? How much do perceptual experiences need to be unusual to be called abnormal? The criteria for making these decisions are usually subjective and controlled by the experts in a socially acceptable manner (Bracken & Thomas, 2005). Second, the structure of the psychiatric case history looks for faults and interprets the presentation of individual narrative in a clinical sense. This over time has led to patients giving the same information which they think the clinicians want to hear (Bracken & Thomas, 2005). Third, the psychiatric bio-medical discourse, strengthened by the pharmaceutical companies, has silenced any need to look for any other option in a consumerist society looking for immediate solutions (Double, 2006b). Coercive treatment is also warranted because of the power of knowledge (Double, 2006b). Fourth, the medication and psychotherapy prescribed by the professionals runs on the grandiose assumption that people can't grow out of torture without their help and ignores instances where people have naturally healed to get back to a functional life (Patel, 2011).

According to Johnstone (2011), DSM and ICD are inadequate to solve human life problems. A radical and alternate approach is required for mental distress

and suffering to deconstruct psychiatry and accommodate alternate opinions (Bracken & Thomas, 2005).

Post Psychiatrists like Bracken and Thomas (2005), in their book called "*Post Psychiatry*", have already offered such a methodological alternate - Narrative Based Evidence (NBE). They propose narratives as data collection in psychiatry, which would lead to identifying with other human beings in suffering and illness. The method of case histories has been criticized for being a psychiatrist narrative rather than the patient's narrative (Ricouer, 1979; Barrett 1996). The role of narratives in mental health is appreciated because it appreciates multiple voices (Lewis, 2014). This puts the suffering person at the centre and provides compassionate, effective and ethical care (Charon & Wyer, 2008). The narrative approach offers both a more culturally sensitive and decentralized way of understanding people's suffering and recovery as well (Thomas & Longden, 2013). Chapter 5 of the thesis focuses more on the narrative as a method and tool to answer research questions.

To sum up, the disease model of trauma might not be appropriate for the present thesis not only because of the invalid and unreliable diagnosis but mainly because of the cultural issues faced by the sample of the present study (Indian homeless women). In addition, using the disorder model will marginalize the women further, under the authority of the experts. Thus, the following sections offer alternatives to the disease model- non disease psychology perspective and positive psychology perspective.

2.3.2 Trauma as Traumatic Stress: Non Disorder Psychology Perspective

The discipline of psychology has looked at trauma as traumatic stress which includes sub clinical stress or sub clinical trauma, which does not mount to clinical disorders. There have been multiple ways in which traumatic stress is conceptualised within psychology discipline. In this section, primarily focus is on general adaption syndrome (GAS) by Selye (1976); and the 'ecological' definition (Harvey, 1996) of trauma from community psychology. These two

models have been picked to present the two completely different model of non traumatic stress with psychology reflecting individual and community's perspective.

General adaptation syndrome presents the three phase model of human reactions to stress: alarm, resistance, and exhaustion. When a stressful situation happens, human body gets prepared by arousal of sympathetic nervous system and releases hormones to take actions. During second phase the body resist by drawing upon the resources. When stress continues, body starts to deplete and may lead to increased susceptibility to illness. The GAS model seems to add on knowledge about how the transition happens from subclinical to clinical stress reactions. However, it seems culturally insensitive as it claims to be universal and it conceptualises trauma as physiological reaction than psychological.

The ecological approach looks at trauma as a threat to capacity of individual and the capacity of community to foster health and resilience among affected community members (Koss & Harvey, 1991). It offers insight into traumatic impact on both community and community members. It acknowledges the impact of issues like poverty, patriarchy, and violence on one hand and also religion and social support on other hand (Harvey, 2002). However, given the definition emerges from the community psychology the focus is on the community and aggregate of humans as a community. It's insight into psychological processes (cognitive and emotional) that happen in an individual as trauma hits is not in depth.

By and large, the above mentioned frameworks on non clinical trauma within psychology discipline seem to be inadequate. The focus of individual psychology tends to be on physiological reactions and adaptation than psychological and cultural. Similarly, the focus of community psychology seems to be more on community than inner space of individuals.

Collectively, the fundamental issues with the 'non diseases trauma' are either conceptual in nature or/and revolve around cultural insensitivity. Though, the conceptualisation of traumatic stress is non pathological, it still expects

negative outcomes, like PTSD. This was the case with both GAS and ecological perspective on trauma, mentioned above. This is probably because, psychology as science has grown in shadow of medicine and models psychiatric language (Joseph, 2011b). Thus, the social construction of trauma gives it a negative connotation (Jospeh, 2009). And further marginalizes the suppressed by focusing on the negative effect of traumatic stress. Over and above, the traumatic stress (non disease) framework is short-sighted, as it ignores the process of changes in long term and ignores the process of building strength and resilience through traumatic stress. Further, psychological conceptualisation of trauma in terms of absence of suffering and not as a meaningful engagement of life, misses out on the full understanding of human functioning.

Additionally, it fails in acknowledging individual differences and their appraisal in perceiving something as stressful, as was seen in GAS. It doesn't count the role of resilience and culture of an individual. It works on an assumption that all humans, community and situations are same across the universe. It ignores the cultural nuances that people are born in and the cultural understanding of stress and resilience. Given, the nature of the present study where the Indian culture is expected to influence every possible aspect of life, like personal resources, nature of stressors faced and philosophy of life, staying oblivious to such changes will lead to incomplete understanding on an individual.

Thus, for present study, the term trauma (with non clinical connotation) was also considered inapt for conceptual reasons and cultural insensitivity.

2.3.3 Trauma as Growth: Positive Psychology Perspective

The recent addition to schools of psychology has been positive psychology. Within the school of thought, any trauma is conceptualized as an opportunity to grow. The understanding of growth following trauma within psychology discipline is relatively recent, but these benefits following adversarial events

have been mentioned in the world's major religions for years now (Spelvin, Cohen, Bowley & Jospeh, 2010). There are different terms that have been coined and used to reflect the phenomenon - adversarial growth (Joseph & Linley, 2005), benefit finding (Affleck & Tennen, 1996), stress related growth (Park, Cohen & Murch, 1996), post traumatic growth (Tedeschi & Calhoun,1995), and thriving (O'Leary & Ickoviks, 1994). Corresponding to the various terms reflecting the idea of growth, different frameworks have attempted to describe and explain the process of growth following adversities, within the school of thought of positive psychology. Functional Descriptive Model (Tedeschi & Calhoun, 1995, 2004b); Growth as developmental process (McAdams 1995, 2011) and growth as well being (Jospeh & Linley, 2006) are some of the important frameworks within positive psychology.

2.3.3.1 Growth as Cognitive Processing

Tedeschi and Calhoun (1995, 2004b) were the first researchers to offer a model for post traumatic growth, named the 'functional descriptive model'. The model is primarily a descriptive model. The traumatic event is called the seismic event, challenging enough to shake and shatter the schematic structures of the world. It questions the identity, purpose, and future of one's life. It causes immense pain and distress, which has to be endured, as this distress acts as a catalyst for growth. This distress causes intrusive thoughts and ruminations, initially automatically, though later they become more deliberate for cognitive processing. Social support, self disclosure and personality characteristics play an important role in cognitive processing. With persistent processing growth happens in terms of narrative development and wisdom. Specific manifestations of growth have been mentioned as changes in priority, warmer relations, personal strengths, new paths for life and spiritual development.

The model is descriptive in nature rather than explanatory and fails to explain the development of narratives, as a matter of growth in detail. Though the term 'trauma' is used in a broader and more inclusive sense than DSM, the model calls for growth only in the presence of intense traumatic events warranting PTSD diagnosis, ignoring subclinical traumas and the cumulative impact of adversities. The growth is described as positive and transformative in nature as

it overshoots the pre-traumatic level of functioning, ignoring the negative growth. Thus, the model does not seem appropriately balanced to help explore the aim of present thesis.

2.3.3.2 Growth as Development

McAdams (1995, 2006) has proposed growth in the frame of human development. The model of growth relies on Kohurt's theory of self-psychology and the attachment theory of Bowlby and Erickson's psychosocial stages of development. The central construct of the model is narrative identity, which develops in the emerging adulthood years and is the internalized changing story of your life. The personal agency plays an important role as it's not the redemptive self that lived a generative life, rather the individual created generative narratives and thus the redemptive self, though healthy attachment in early years helps provide a continuum to a good inner sense of self. Therefore, the construct of self growth is a psycho-social construction.

The model stands distinct by acknowledging the role of self and personality in cognitive processing. In addition, the anchoring of the model in attachment theory helps in understanding the predisposing factors for the growth. However, the guidelines for collecting the attachment based information from the participants are very subtle and preliminary. In addition, McAdams has been cautious about stories and metaphors for redemptive movements, as specific to the USA culture.

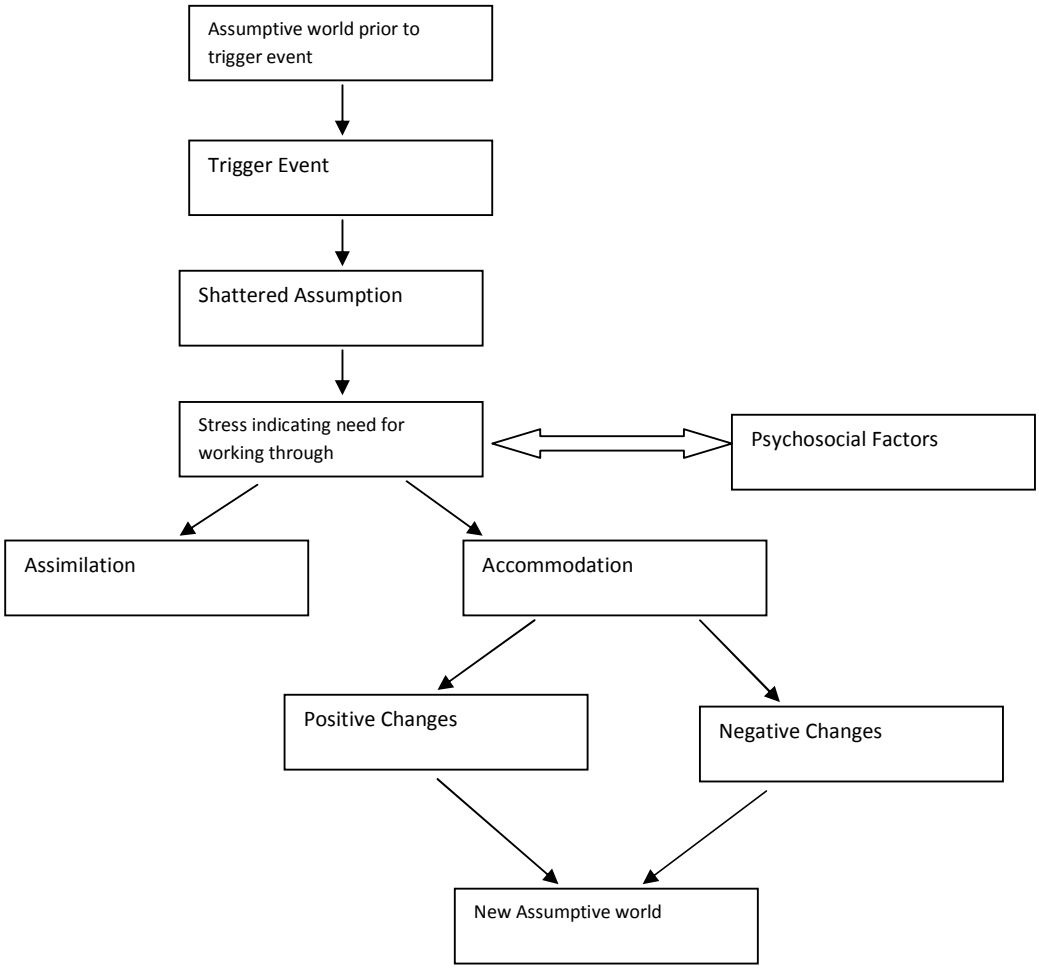
Thus, the perspective seems inapt for the present thesis as the present sample is culturally different from the redemptive pattern of people from the USA. Further, since it is based in developmental perspective and considers growth as part of human development it ignores one of the critical concerns of the present thesis on adversities causing the change and not just simple course of development.

2.3.3.3 Growth as Well Being

Growth as well being has been conceived as a 'second wave' within positive psychology. The most prominent and contemporary framework has been 'growth as well-being' (Joseph & Linley, 2005). It is a meta theoretical model,

named ‘organismic valuing process theory’ (Joseph 2011b). It is based on Rogers’s person centered theory of self-actualisation (Roger, 1959), psychological wellbeing from eudemonism (Ryff, 1989), and existential theory (Frankl, 1959). The organismic valuing theory starts with an assumption that individuals are growth oriented, attempting to actualise potential in a nourishing environment. It acknowledges that growth happens throughout the life, even after a sub clinically chronic stressful event and not necessarily after a clinically significant traumatic stress disorder. In addition, it also prefers medically neutral and non stigmatizing term (Joseph, 2009).

Figure 2.1 Organismic Valuing Theory of Growth through Adversity; Joseph & Linley (2005).



It also acknowledges socio-cultural factors, which are important in the context of present research. It, unlike other theories within positive psychology also explains mechanism for positive changes and negative changes, simultaneously, as mentioned in following paragraphs.

Figure 2.1, represents the process of change. According to the model, as an individual encounter adverse event, the assumptions about self, others and world are shattered. However, with the human tendency to grow, a new meaning for the traumatic event is arrived at by the individual. Initially, the traumatic event brings in intrusive painful memories of the event automatically, leading to avoidance. However, over time ruminations become deliberate for the purpose of affective- cognitive processing (Joseph, Murphy & Regel, 2012). According to the theory, the individual's coping and personality play an important role in processing.

The meaning attached to the processing could lead to either assimilation or accommodation. When an individual doesn't revise the old assumptions to incorporate the new understanding after trauma, it makes the individual stay traumatised and vulnerable. However, if the new meaning of trauma is accommodated with modification to the old one, then growth happens. The change in the old assumptions doesn't necessarily mean positive change. Sometimes, people overcorrect themselves with trauma and make negative assumptions about the world. For instance, "*this world is an unsafe world, therefore, I shouldn't trust anyone*"

Ruminative brooding or cognitive conservatism reflect progress or stagnation in the life stories (Joseph, 2011b). Issues like alexithymia (difficulty to explain what is going on internally), is a reflection of emotional pain, fatigue and psychosomatic complaints, resulting in negative accommodation (Joseph, 2011b).

Joseph and Linley, (2005) have also extended the model to a therapy nurturing growth on the lines of the model. However, the model doesn't explain in detail how personality contributes in the affective processing of trauma. Jospeh (2011b), in his book 'What doesn't kill us' elaborates on the use of narratives

to foster growth by non defensive engagement with experiences and re-authoring personal stories to reach accommodation.

Overall, Organism valuing theory offers a theoretical base for the present research for its Meta theoretical conceptualization (existential-humanistic and positive psychology), philosophical underpinning (eudemonism), and qualitative engagement with the construct of growth using narratives.

2.3.3.4 Critical Evaluation

There is a growing body of empirical studies supporting the nurturing model of adversities (Zoellner & Maercker, 2006). Being a relatively new area, the perspective has gained quick attention for its development, though many aspects of the phenomenon require further clarification and understanding.

Problem of Growth and Coping - The construct of growth following adversities has been conceptualised as the process of coping (Moss & Schaefer, 1993). Successful adjustments with life situations require employing one of the two broad categories of coping styles – approach and avoidance (Moss & Schaefer, 1993). Approach coping is predicted to lead to growth. However, such simplistic prediction rules out the role of personal and environmental resources in the experience of trauma, appraisals and growth (Schaefer & Moss, 1992). Therefore, it is impossible to be certain if the transformation at the end is because of coping or the adversarial growth (Joseph, 2011b).

Problem with measurement - According to Nolen-Hoeksema and Davis (2004); Park (2004); Wortman (2004) there is an illusionary part that co-exists along with the constructive aspect of perceived growth. The majority of the scales are retrospective self-report measures. This brings along potential biases and cognitive errors. A prospective and longitudinal study provides a better methodological design. However, the unpredictable nature of adversities prevents baseline assessment.

Though questionnaires on 'post traumatic growth' have yielded major findings, the limitations inherent to the questionnaire format in understanding reality apply to the understanding of 'post traumatic growth' as well. Questionnaires start with the perceived notion of growth and attempt to fit individual

experiences of growth into categories. It not only disregards different forms of growth and self-transformation but underplays the role of circumstances and culture also (Pal & McAdams, 2004). In addition, the perceived growth might not reflect real growth. The issue of social desirability and guilt associated with sharing positive aspects of one's loss are the issues that can't be ignored. Coyne and Tennen, (2010) reported the fallacy of making oneself believe in change, which is quite illusionary and self-deceptive. In addition, Growth cannot be studied in isolation of support, coping and level of distress (Joseph, 2011b).

The role of qualitative work in context of growth is acknowledged because it fills the void left by the quantitative measures mentioned above. It appreciates and embraces the influence of historical, economic, political, religious, and ideological factors on the construction of self and growth. Growth in the narrative framework is defined as the process of constructing a story about how the self changes due to events and then reintegrates this new self (Pals & McAdams, 2004). Growth following adversities thus becomes a process and an outcome (Tedeschi & Calhoun, 2004a).

The building impetus in critical psychiatry, about the use of narratives in understanding individuals' distress and suffering, along with the emergence of narratives as a method of data collection used in the studies of adversarial growth, provides a convincing argument for engaging in qualitative inquiry for the purpose of the present study.

Different terminologies - There are similar terms like thriving (O'Leary & Ickoviks, 1994), post traumatic growth (Tedeschi & Calhoun,1995); benefit finding (Affleck & Tennen, 1996), stress related growth (Park, Cohen & Murch, 1996), and adversarial growth (Joseph & Linley, 2005), that have been used interchangeably in the literature. Nonetheless, theoretical differences in the terms on three tangents require a mention, to clearly position the term used in the present thesis.

First, terms like thriving and benefit finding are only inclined to the positive impact of the trauma, stress or adversities.

Second, the term 'growth' assumes an intrinsic process of actualization within a humanistic framework, keeping spaces for positive and negative change (Jospeh & Linley, 2005). However, Durkin (2011) suggested that these positive and negative outcomes of trauma come as barriers to the sophisticated understanding of growth. Therefore, the term "changes" was endorsed for the present thesis.

Third, the terms like traumatic stress bring in the connotation of the diseased medical model and DSM diagnosis. This ignores sub clinical cases beyond the limits of DSM. In addition community based traumas like poverty and patriarchy remain uncovered by the term trauma. In addition, the cumulative impact of life adversities can also lead to growth and not necessarily a singular traumatic event (Joseph, 2011b). In addition, the term trauma (even if traumatic stress and not a disorder) is socially constructed with negative connotation and brings stigma (Joseph, 2009). Therefore, keeping in mind the cultural and cumulative effect of negative life events "adversity or adversities" is preferred in the thesis over the term trauma.

Cognizant of all the difference, "*changes following adversities"* is used for the specific meaning it implies, in the present thesis. However, references to different terms are made in the thesis, when quoting other authors' or researchers' preferences.

2.4 Conclusion

This chapter has attempted to explore and define the key constructs – homelessness, trauma as disorder, trauma as sub clinical traumatic stress and trauma as growth. It has also offered the theoretical framework which governed the nature and analysis of the study – the positive psychology perspective. The chapter offered the socially constructed definition of homelessness, apt for the Indian set up. The chapter rejects the disorder and non disordered model of trauma and endorses the growth paradigm. The perspective offers the transformative nature of trauma. This transformation has been proposed as an act of development, cognitive processing and a sense of psychological well-being. The present work support humanistic and existential theoretical

underpinning for the present study, within growth paradigm. The perspective is not free from flaws, like it lacks empirical evidence and rigorous methodology. The present thesis uses adversarial changes or 'changes following adversities' as the preferred term rather than the more often used term, 'post traumatic growth', because of the cultural insensitivity, and pathological implication that the word trauma brings in.

3 Trauma and Homelessness: A Narrative Review

3.1 Overview

The chapter presents a narrative review of theoretical and empirical data on trauma and homelessness, pertaining to the first research question. The chapter starts with the rationale for doing a narrative review (section 3.2), followed by the process of review. The process includes search strategies to collect relevant data (Section 3.3), data analysis and sub categorization (section 3.4), data extraction (section 3.5), and data synthesis (section 3.6). The chapter ended with the concluding statements from the review (Section 3.7).

3.2 Type of Review

Narrative review was the type of review that was deployed to gain an understanding of trauma and homelessness from empirical studies (Grant & Booth, 2009). This kind of review has been criticized for researcher bias and questionable validity of the research. However, there were benefits for which this review style was chosen for the present study (Grant & Booth, 2009). It allowed for setting inclusion and exclusion criteria suitable for drawing a relevant parallel for the sample studied in the present research. It also allowed synthesis at various levels of completeness, reporting their contribution and gaps, and therefore lending grounds for future research in the specific area under study (Grant & Booth, 2009).

3.3 Search Strategies

The strategies for retrieving relevant data for the study were developed. A list of key terms to search for in the databases was developed gradually by brainstorming, test searches and reading through abstracts for synonyms. Words in different sets were combined with the Boolean Operators – “and” & “or”; and Parenthesis – “( )” & “*”, depending on the type of search platform used.

Table 3.1 Terms used to search relevant sources

Set	Search Terms
1	Homeless, Destitute, Sheltered
2	Woman, Women, Mother, Mothers
3	Trauma, Distress, Post Traumatic Stress Disorder (PTSD), Disorder of Extreme Stress (DEOS), Complex Trauma, Stress

Twenty-three search engines were scanned in the Meta Search at the elibrary gateway, University Library Portal to shortlist the relevant search engines and platforms for the review. On the basis of the results obtained, 10 search platforms across five search engines were shortlisted. These were ASSIA, EMBASE, PsycARTICLES (OVID), MEDLINE, PsycINFO (OVID) , PILOT data base , Sociology Abstract, Social Service Abstract, Web of Science (Core Collection), and Medline (Web of science).. The relevant data spanned disciplines such as psychology, medicine, epidemiology, anthropology, sociology and social work.

Table 3.2 Database searched until June 2014 (without duplicates)

Database	Shortlisted number of items
EMBASE	15
PsycARTICLES (OVID)	29
MEDLINE	9
PsycINFO (OVID)	15
ASSIA	2
Sociology Abstract	8
Social Service Abstract	2
Pilot Data Base	10
Web of Science	17
Medline (Web of Science)	11

The search through all databases retrieved 1192 hits. These were exported to Endnote (Thomas Reuters, Version X6, 2012). Four hundred and forty one search outputs were left after the duplicate items were removed. The items were checked through to remove irrelevant hits. This reduced the list down to 118 items (Table 3.2). These items were screened through the title and abstracts. This screening left 56 articles, one conference proceedings, eight dissertations/theses, and four books/chapters. Full text of all these items were attained and scanned against the inclusion and exclusion criterion again in detail. A scan through the articles against the inclusion and exclusion criterion left 39 articles, dissertations and book chapter.

The following inclusion and exclusion criteria were used for the final selection of the articles:

Inclusion Criteria

1. Published from database's date of inception until June 2014
2. Available in English
3. Published in Scholarly Journals, Reviews, Conference proceedings, books, book chapters, dissertations and theses.
4. Population including homeless women above 15 years of age.

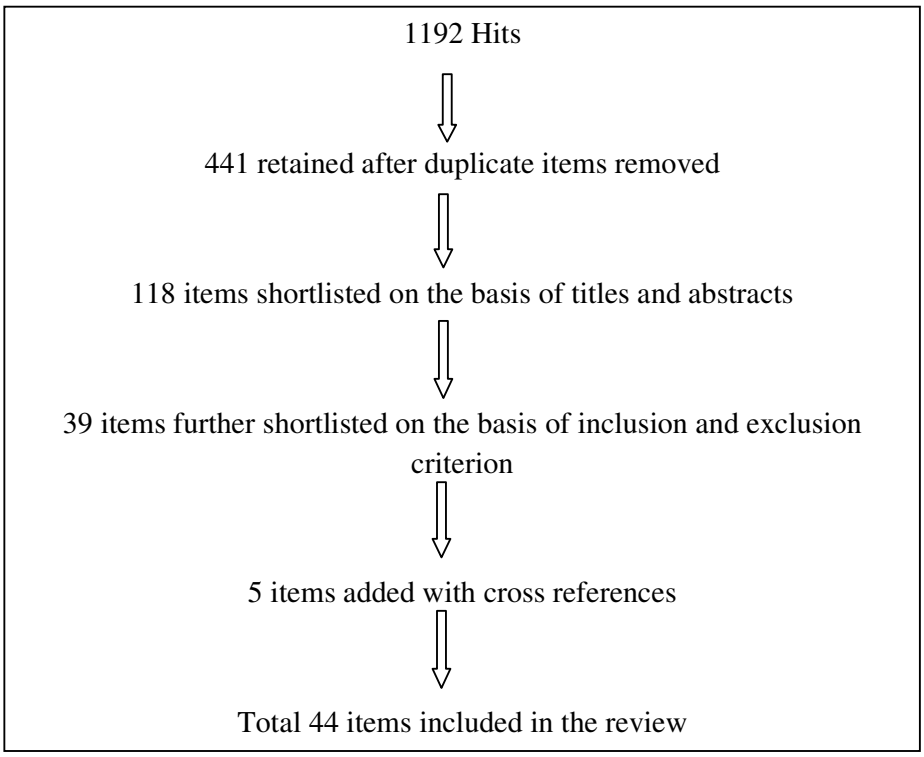
Exclusion Criteria

1. Articles solely dedicated to substance use, drug addiction, HIV, STD, rape, physical health, crime and traumatic brain injury
2. Articles about the neuro-biological findings related to PTSD
3. Articles based on interventions, case management, policies and legislations on homeless.
4. Studies using terms like homeless children/ adolescents/ youth/ adults/ people/ persons and men without any mention about number of women in the sample and different analysis for the women's sample.
5. Study data covered in another study already included in the present review. Type I duplicates (database duplicates) were resolved by keeping the article from the database with more adequately and accurately mentioned references. Type II duplicates (study /paper duplicate) were resolved by keeping the paper which had larger sample size. In case of both the articles having the same sample size, the paper published earlier was picked.
6. Studies on specific disorders and diagnosis – Schizophrenia, personality disorders, suicide, depression and anxiety. The researcher acknowledges that trauma could be a common presiding factor for these diagnoses, but the studies were not included because they focused more on the prevalence of these disorders in the homeless population than the trauma experienced.

The reference lists of these sources were scanned to retrieve any other relevant article that could have been missed through the previous search strategy. This

added 5 more articles to the list, making 44 total sources for the analysis. All of these decisions were made by the primary researcher, but any doubt was discussed with the research supervisors and faculty librarian. The flow chart explains the process of article selection (See figure 3.1).

Figure 3.1 Flow chart presenting step by step procedure for item selection in the review.



3.4 Data Analysis and Study Categorisation

All 44 articles, books, dissertations, theses and conference proceedings were obtained. These 44 sources have been marked with a single asterisk sign in the references. All sources were included, irrespective of the quality, into the review to present an overview of the work done in the area. The relevant information was grouped under two headings – theoretical and empirical evidence. The theoretical evidence presented the theoretical understanding of homelessness through a trauma lens. The empirical evidence was further classified into two headings – pathology based studies and experience based

studies. The rationale for this division emerged from the historical pattern that the data offered. The prevalence-based studies were done in the 1980's and 1990's, with fewer from recent years. These studies were primarily quantitative using questionnaires to describe the number of participants crossing the threshold of diagnosis or who experienced a set of traumatic incidences. These descriptive studies were also dominantly published within the disciplines of psychiatry, epidemiology and clinical psychology. The findings of the studies were difficult to synthesise with other sets of studies which were qualitative in nature. These qualitative studies focused on life experiences overall, within the disciplines of social work, sociology, nursing and anthropology. The relevant data from the literature was subcategorised as:

i) Theme 1: Theoretical Framework – Three pieces of work presented the theoretical understanding of homelessness from a trauma perspective. The three frameworks were the trauma theory of homelessness (Goodman, Saxe & Harvey, 1991), the stress model of homelessness (Milburn & D'Ercole, 1991), and the socio-psychological approach to trauma and homelessness (Harvey, 2002).

ii) Theme 2: Pathology based Studies - The studies investigated the trauma in homelessness using quantitative measures. There were 24 studies within this theme. These studies could be further divided into three subthemes, namely Prevalence of PTSD diagnosis, Current Psychological Distress and Factors Leading to Homelessness. There were 15 studies which were overlapping across the three subthemes. Therefore, relevant findings were presented under different subthemes.

iii) Theme 3: Experience based Studies – There were 18 studies shortlisted under qualitative studies corresponding to lived experiences of homeless women. The majority of the studies were interview based, covering past histories, present stressors and present level of distress. One of the studies was mixed method

design (Banyard & Graham-Berman; 1998). Therefore, the qualitative findings were presented within the theme of context based studies.

The review of each theme is presented separately under different sections in serial order. Following this, a discussion is presented synthesising the three different sections, at the end of the chapter.

3.5 Data Extraction

Theoretical Frameworks (Theme 1): The basic understanding of the three frameworks was presented under different sections, along with brief critical evaluation. The three models were collated to arrive at a synthesised understanding theoretically.

Pathology based studies (Theme 2): The data extracted from the studies were presented in tables for each section. The tables (3.3, 3.4 and 3.5) included bibliographical information of the study – author's name and year of publication, study's setting – geographical location, participants – sample size and kinds of homeless women, along with the comparison group, study design – cross sectional or longitudinal, study instrument – name of tool, validity and reliability of the tool, data analysis methods – statistical technique and the major relevant findings. The data or information extracted from the sources was based on the sub theme that they were grouped under. Some items were used again under different subthemes because of the relevance of the findings.

Experience or content based (Theme 3): The data extracted from the studies included bibliographical information, study setting, participant's information, study design, qualitative approach used and the major findings. Table 3.6 summarises the relevant content of the studies. Only data relevant to the overarching theme of trauma were reported.

3.6 Data Synthesis

3.6.1 Theoretical Frameworks

Goodman, Saxe and Harvey (1991), Milburn and D'Ercole (1991), and Harvey (2002) proposed three different theoretical frameworks on trauma and homelessness.

3.6.1.1 Trauma Theory of Homelessness

Goodman, Saxe and Harvey (1991) suggest a two-way relation between trauma and homelessness. There are three basic variations in which this relation has been seen. The first is transitional loss. The sudden or gradual loss of one's home can be sufficiently severe enough to produce symptoms of psychological trauma. This includes the loss of losing one's home, neighbours, routine, and accustomed social roles, leaving people vulnerable (Sosin, Piliavin & Westerfelt 1991). The second is the experience in the shelter. The stressors in the shelter of loss of safety, predictability and control may hamper coping capabilities and precipitate symptoms of psychological trauma (Goodman, Saxe & Harvey, 1991). According to the authors, the two most often reported symptoms of psychological trauma by homeless individuals were social disaffiliation and learnt helplessness (Goodman, Saxe & Harvey, 1991). The third is traumatic experience prior to being homeless. Poverty (Bassuk, Rubin & Lauriat, 1986), housing instability (Wood, Valdez, Hayaashi & Shen, 1990), work problems (Milburn & Booth, 1990), abuses (Bassuk & Rosenburg, 1988) and family disturbances, negative interpersonal relations (Kreuger, Stretch & Johnson, 1987), and lack of social support (Milburn & D'Ercole, 1991) are the factors that are traumatic and pose risk factors for homelessness (Belcher, Greene, McAlpine & Ball, 2001).

Goodman, Saxe and Harvey thus presented a framework that looks at the experience of homeless people in totality and in continuity of past histories, present transition and future difficulties of being homeless.

3.6.1.2 Stress Model for Homelessness

The second framework on homelessness and trauma is offered by Milburn and D'Ercole (1991). The model is similar to Goodman's Model, apart from the key difference that Milburn and D'Ercole count protective mediating factors,

along with risk factors for homelessness. Milburn and D'Ercole (1991) looked at homelessness experiences through a stress model. The authors conceptualized stress as the reason and outcome of homelessness, which can be seen as trauma. Multiple external factors like poverty, employment issues, unstable housing, ethnicity issues, inadequate pension money, lack of support from family, single parent and victimization histories- physical abuse, sexual abuse, emotional abuse and histories of mental health issues, become the risk factors for homeless people. The model further proposes the role of mediating actors like availability of emotional support and adaptive coping styles which act as mitigating effect of stressors in the lives of homeless women. Therefore, homeless people are not just the victims in the stress model but also the active participants with positive resources. The stress model is proposed by the authors as the psychological interpretation of the macro level social issue, as it puts forward the personal experiences of the homeless population.

3.6.1.3 Socio-Psychological approach to trauma and homelessness

The third perspective on trauma and homelessness has been offered by Harvey (2002), in his book titled "*Perspectives on Loss and Trauma: Assaults on the Self*". Harvey presents a social-psychological approach to trauma and homelessness. According to him, trauma inherits the idea of loss in its definition. "*All losses are not trauma, but all traumas involve loss - major or minor*" (Harvey, 2002, p.6). There could be secondary losses stemming from the primary losses or trauma, like homelessness (Rando, 1993). The losses have cumulative effects and no trauma or loss stands alone in its effect.

Experiences like being homeless shatter our assumptions about the world, others and the self. It causes meaninglessness in life and makes us search for meaning (Harvey, 2002). When people get stuck with the loss, vulnerability, hopelessness, and purposelessness, they end up being in more despair and pain. However, when people understand the unpredictability and limits to control and justice and meaning out of the chaos, they see hope and purpose and come out of trauma and loss with intact self esteem with a sense of generativity (Harvey, 2002, p. 26). Harvey not only talks about the crisis of being homeless, but also mentions growing out of that trauma and loss through

acceptance and the search for meaning for coping and healing (Thompson & Janigian, 1988).

3.6.1.4 Synthesis of Models on Trauma and Homelessness

In conclusion, it can be stated that all three models share common grounds with homelessness and trauma having two way relations, where trauma causes homelessness and then homelessness becomes the reason for trauma. The focus is on both environmental and personal factors. Inherent in the trauma of homelessness are various kinds of losses - loss of well functioning self, home, family, social roles, meaning, hope and identity (Goodman, Saxe & Harvey, 1991). The losses may be more subtle and secondary as compared to the other major losses, but these losses and traumas that cause homelessness can be varied for every homeless person (Harvey, 2002). Social and emotional support are the positive mediators that protect and help homeless individuals cope and come out of trauma and loss (Milburn & D'Ercole, 1991). The personal experiences play important role at the macro level (Milburn & D'Ercole, 1991). Thus, finding personal meaning in the crisis of being homeless helps coping and recovery from the trauma of being homeless (Harvey, 2002).

3.6.2 Pathology based studies on Trauma and Homeless Women

3.6.2.1 Post Traumatic Stress Disorder in Homeless Women

PTSD symptomatology was reported in 3 of the studies, reporting prevalence of PTSD, along with other psychiatric diagnoses among homeless women in the section (Weinreb, Buckner, Williams & Nicholson, 2006; Bassuk, Buckner, Perloff & Bassuk, 1998; North & Smith, 1992). There were five other studies in literature, which have looked at the PTSD diagnosis exclusively (Tsai, Rosenberg, Decker, Desai & Harpaz-Rotem, 2012; Shuster, Park & Frishman, 2011; Keysen & Kosmin, 2007; Phillip, Rosen, Zoellner & Fenny, 2006; Mertin & Mohr, 2000). These studies have spanned over the last 32 years, with the majority of them conducted in the last 15 years.

A summary of the studies has been presented in Table 3.3. All studies are cross sectional in design, apart from two studies which are longitudinal (Schuster et al., 2011; Weinreb et al., 2006). The majority of the studies are based in the United States, with an exception of one study from Australia (Mertin & Mohar, 2000) and one drawing cross cultural comparison between the United States and Malaysia (Phillip et al., 2006).

Out of the eight studies, three have been conducted with battered women in shelter homes (Kayseen et al., 2007; Phillip et al., 2006; Matrin & Mohr, 2000), one with female veterans (Tsai et al, 2012), three with homeless mothers (Schuster et al., 2011; Weinreb et al., 2006;Bassuk et al., 1998), and one with homeless women with no specific characteristics mentioned (North & Smith, 1992) . A total of 2074 women were studied, with a mean age ranging from 31.4 to 43.3 years. The sample was selected from shelter homes, drop-in sessions and street outreach.

The measures used for the assessment of the PTSD symptoms were the Post Traumatic Stress Diagnostic Scale - PDS (Schuster et al., 2011; Kayseen et al. , 2007), the Post traumatic Stress Disorder Symptom Scale Self Report -PSS-SR (Phillip et al., 2006); Post Traumatic Stress Disorder – Structured Interview PTSD-SI (Martin & Mohr, 2000), Structured Clinical Interview of DSM-III - SCID (Bassuk et al., 1998; and North & Smith, 1992) and Diagnostic Interview Schedule – Homeless Sample DIS-HS (Weinreb et al., 2006). Tsai et al. (2012) used one score for each traumatic event and combined the number of events to present the mean of trauma experienced.

The studies have reported a high percentage of participants experiencing PTSD symptoms, ranging from 34% to 88.2% (Tsai et al., 2012; Shuster et al., 2011; Kaysen et al., 2007; Phillip et al., 2006; Mertin & Mohr, 2000). Philip et al. (2006), additionally reported that 41% of the participants endorsed all items of PSS-SR, 94.1% reported trauma reminder, 87.5% reported intrusive thoughts, 88.2% reported irritability and 81.3% reported sleep disturbance. Similarly, Martin and Mohr (2000), found high rates of recurrent thoughts, dreams, avoidance of thoughts, activities, sleep disturbance, concentration issues and

hyper vigilance among the Australian battered women residing in shelters. Schuster at al. (2011) also reported a high severity of symptoms experienced by the participants.

Though these studies have created a new path to look at homelessness through the trauma lens, they still revolve around the DSM criteria. For example, Schuster et al. in 2011 found that despite the participants exhibiting traumatic symptoms, they were not diagnosed with PTSD because they didn't meet Criteria A of PTSD events. This strengthens the finding by Lloyd and Turner (2003), which states that a cumulative effect of past traumas can evoke traumatic symptoms as well. In addition, the studies were done with sheltered battered women and military veterans. These groups are likely to witness more traumatic experiences than other groups of homeless women. Therefore, the sample of battered women and veterans could inflate the PTSD scores amongst the homeless women's population and pathologize them. In addition, the studies had methodological and sampling biases, which are common across all quantitative studies mentioned in following sections, and are mentioned in the common discussion to the quantitative studies in the review.

3.6.2.2 Current Psychological Distress in Homeless Women

The current psychological distress has been examined by 12 quantitative studies (Chambers et al., 2014; Tsai et al., 2012; Weinreb et al., 2006; Nyamathi, Leake & Gelberg, 2000; Nyamathi, Stein & Bayley, 2000; Banyard, Graham-Berman, 1998; Marriott, Harvey & Bonner, 1997; Ingram, Corning & Schmidt, 1996; Padgett & Struning, 1992; D'Ercole & Streuning, 1990; Burt & Cohen, 1989; Bassuk et al., 1986). A summary is presented in table 3.4. The majority (10) of the studies are part of bigger studies. The studies can be criticized because they ignore the fact that any measure of distress with a vulnerable population like homeless women is always a reflection of the long ongoing psychological distress. Therefore, a cross sectional report of distress might not give a complete picture.

Table 3.3 Characteristics of studies investigating the diagnosis of PTSD in homeless women

S No.	Author	Area	Sample size	Sample	Mean Age	Assessment	% of participants reached PTSD cut-off scores	Additional Comments
1	North & Smith (1992)	USA	300	Homeless Women	-	DIS-HS	34-64%	All participants reported least one traumatic event
2	Bassuk et al., (1998)	Worcester, USA	220	Homeless Mothers	27	SCID-NPE	36.1%	-
3	Mertin & Mohr (2000)	Adelaide, Australia	100	Battered women in shelter homes	33	PTSD-IS	45%	Recurrent thoughts, dreams; avoidance of thoughts, activities, sleep disturbance, concentration issues and hyper vigilance were highly reported by the participants.
4	Philip et al.,(2006)	Malaysia	17	Battered women in shelter homes	34.59,	PSS-SR	82%	94.1% reported trauma reminders, intrusive thoughts (87.5%), irritability (88.2%) and sleep disturbance (81.3%). 41% of the participants reported all items on PSS-SR
		USA	52	Battered women in shelter homes	31.41		88.20%	
5	Weinreb et al., (2006)	Massachusetts, USA	220 – 148	Homeless Mothers	-	SCID, MINI (Longitudinal study 1993-2003)	36.5% – 56.5%	-
6	Kaysen et al.,(2007)	New York, USA	369	Battered women in shelter homes(49) + non shelter agencies (51)	34.51	PDS	85%	-
7	Schuster et al., (2011)	Connecticut, USA	70	Homeless mothers	31.4	PDS	46%	-
8	Tsai et al., (2012)	USA	581	Veterans	43.28	NO of events counted for 1 score on PTSD	81.23%	-

Post Traumatic Stress Diagnostic Scale - PDS; Post traumatic Stress Disorder Symptom Scale Self Report -PSS-SR, Structured Clinical Interiew of DSM-III - SCID , DIS-HS

Only one study was conducted with female homeless veterans, the remainder have been done with single and homeless mothers- with or without children. Ten of the studies were conducted in the USA, while only one was from the United Kingdom and one was from Canada. In total 5123 homeless women were studied. Not all studies mentioned age in the same units, but among the 7 studies the average age ranged from 26.1 to 46 years; two other studies mentioned median of 27 and 31 (D'Ercole & Streuning, 1990; Bassuk et al., 1986) and still two more mentioned the age range of 18 + and 25 till 39 years (Chambers et al., 2014; Burt & Cohen, 1989).

There were different measures used to assess the psychological distress of the participants. The Centre for Epidemiological studies Depression Scale (CES-D) was the most common, used in four studies (Banyard & Graham-Bermann, 1998; Padgett & Struning, 1992; D'Ercole & Streuning,1990; Burt & Cohen, 1989), followed by the Health Survey by three different studies (Chambers et al., 2014; Tsai et al., 2012; Weinreb et al., 2006); BSI (Brief Symptom Inventory) and MHI (Mental Health Inventory) in two of the studies each (Tsai et al., 2012; Nyamathi, Leake & Gelberg, 2000; Nyamathi, Stein & Bayley, 2000).The General Health Questionnaire (GHQ), the Brief Psychiatric Rating Scale (BPRS), and Hopkins's Symptom Checklist (HSC) were used by one study each (Marriott, Harvey & Bonner, 1997; Ingram et al., 1996; Bassuk et al., 1986).

The study results cannot be compared because of the differences in samples such as different kinds of homeless women in different countries and different times, using a variety of psychometric tools used. Nevertheless, a summary of each has been presented in table 3.4. The simplistic conclusions that can be drawn from these studies are the facts that homeless women with children and unsheltered homeless women are more stressed than homeless single women, with no children, living in shelter homes. It is difficult to give an exact number of women experiencing significant distress, but it can be commented that a majority of women are distressed, with a significant amount reaching the cutoff scores of probable psychiatric diagnosis.

Table 3.4 Characteristics of studies investigating present mental health status among homeless women

No.	Authors	Country/region	Sample size	Age	Measure used	Findings
Cross sectional Studies						
1	Bassuk et al., (1986)	Massachusetts, USA	80	Median 27	BPRS	Moderate to extremely severe symptoms of anxiety (72%), depression (67%) and tension (58%)
2	Burt & Cohen (1989)	20 large cities , USA	510	Range 18 <	CES-D (M), used 6 items only	59% of homeless women with children reported higher distress, as compared to 46% without children
3	D'Ercole & Streuning (1990)	New York, USA	141	Median 31	CES-D (R)	The mean score (19.4) of homeless women was higher than the community sample (9.1), but lower than depressed inpatients (38.3)
4	Padgett & Struning (1992)	New York, USA	311	Mean 36	CES-D	45% of the participants with probable depression in comparison to only 20 % in the general population
5	Ingram et al., (1996)	Ohio, USA	113	Mean 33.68	Hopkins Symptom Checklist	7.62 mean for homeless sample and 6.45 mean for homed women
6	Marriott et al., (1997)	London, UK	72	Mean 46	GHQ	25% reached caseness cut off
7	Banyard & Graham-Bermann (1998)	Michigan, USA	64	Mean 29.32	Women Stress Scale & CES-D	35.5 mean score for stress of homeless mothers in comparison to 28.07 mean score for homed mothers on WSC. 84% homeless mothers above cut off compared to 46% homed mothers on CESD
8	Nyamathi, Leake & Gelberg (2000)	California, USA	1051	-	MHI	Unsheltered homeless (93%) women have greater odds (12.08) of poor mental health than sheltered homeless women (48%)
9	Nyamathi, Stein & Bayley (2000)	California, USA	1310	Mean 33 /33	BSI +MHI	36.6 was the mean on BSI, 15.4 mean on MHI, recent depression was .6 mean
10	Tsai et al., (2012)	USA	581	Mean 43.28	SF12 & BSI-M	Mean 35.96, SD 12.59 on SF12. Mean 2.56, SD .89 on BSI-M
11	Chambers et al., (2014)	Toronto, Canada	522	Range 25 -39	SF-12	40.6% reached cut-off 38.1, indicating mental health problems in last month, with no significant difference between women with or without children
Longitudinal Study						
12	Weinreb et al., (2006)	Massachusetts, USA	220-148	Mean 26 / 29	SF36 SF8	41.6% (1993) and 37.1 (2003) on mental health , indicating significantly lower mental health report at p<.02

Epidemiological studies Depression Scale (CES-D); Brief Symptom Inventory (BSI) and Mental Health Inventory (MHI); General health Questionnaire (GHQ), Brief Psychiatric Rating Scale (BPRS), and Hopkins's Symptom Checklist (HSC).

3.6.2.3 Traumatic Histories of Homeless Women

There are a set of studies looking at the traumatic events in the past that homeless women have witnessed in the course of their lives. This has been studied under various names like pathways to homelessness, victimization, risk factors, traumatic events, and traumatic histories. Nineteen studies were shortlisted to be reviewed for this section (Chamber et al., 2014; Tsai et al., 2012; Schuster et al., 2011; Phillip et al., 2006; Mertin & Mohr, 2000; Nyamathi et al., 2000; Nyamathi et al., 2000; Browne & Bassuk, 1997; Lavesser, Smith & Bradford, 1997; Marriott et al., 1997; Ingram et al., 1996; North & Smith, 1992; Padgett & Struening, 1992; Goodman et al., 1991; D'Ercole & Struening,1990; Wood et al., 1990; Bassuk et al., 1986; Shinn, Knickman & Weitzman, 1991; Bassuk & Rosenberg, 1988).

Table 3.5 presents details on each of the studies. The studies were carried out in the United States (14), the United Kingdom (2), Canada (1), Malaysia (1) and Australia (1). In total 5720 homeless women were studied. The samples include battered sheltered women; female-headed homeless families; homeless mothers with children and without children; and homeless female veterans. The mean age varied from 26.2 to 46 years in 16 studies; median of 31 and 27 in two studies; and an age range of 25-39 in one study.

Seven of the studies used semi structured and structured self-designed questionnaires to measure different kinds of victimisations (Lavesser et al., 1997; Marriott et al., 1997; Padgett & Struening, 1992; Wood et al., 1990; Shinn et al., 1991; Bassuk & Rosenberg, 1988; Bassuk et al., 1986). Apart from that three victimisation scales were used (Phillip et al., 2006; Nyamathi et al., 2000; D'Ercole & Struening,1990); three studies used Childhood Trauma Scale- CTS and Adapted Conflict Tactics Scale ACTS (Mertin & Mohr, 2000; Goodman et al., 1991); two studies used PTSD based tools- PDS and DIS-HS (Schuster et al., 2011; North & Smith, 1992). Four studies used a combination of multiple measures ranging from structured tools to open ended questions related to housing.

Since the studies varied in terms of sample characteristics, country and measures used to collect data, there is a limit to which data can be collated and synthesized. Some of the common issues that were reported in the studies can be summarised under the following clusters of dysfunctional family of origin, strained or lost adult relations, economic constraints, lack of personal skills and accidents witnessed in various forms. Dysfunctional families consisted of parental issues like marital discord, divorce, mental illness, drug use, parental neglect, rejection, physical-sexual abuse, and foster care. Strained and lost adult relations involved interpersonal violence, relational break down, death of loved ones, emotional abuse and verbal abuse. Health related issues were psychiatric illnesses, chronic health conditions, and substance abuse. Economic constrains were poor work history, unemployment, non-payment of rent and crowded housing. Accidents witnessed involved physical accidents, property stolen, disasters, and combat and military trauma. Poor coping skills involved negative social exchange, and avoidant coping styles.

3.6.2.4 Discussion on Pathology Studies

The quantitative studies presented in the review can be synthesised with some simple conclusions about the traumatic histories and symptoms of trauma and distress. At least 40% of the homeless population across various studies report symptoms of PTSD, if not the full diagnosis of PTSD, more so in the cases of homeless mothers or single homeless women. Homeless female veterans and sheltered victims of interpersonal violence reported a higher prevalence of PTSD. However, the fact that homeless women presented the traumatic symptoms, but didn't qualify for the criteria A of PTSD, pertaining to the nature and intensity of traumatic event, questions the validity of the diagnostic category. Even if homeless women do not qualify for criteria A of the diagnosis but still present with symptoms of PTSD, questioning the validity of criteria A in the case of the homeless population. The second major deduction is that a majority of the homeless women report psychological distress, irrespective of what measure of distress is used to measure it. The third major

conclusion is that numerous difficult life circumstances were faced by homeless women, ranging from a dysfunctional family of origin to adult relational issues to economic concerns, health issues and poor coping and personal skills.

Studies conducted in the last three decades on homelessness have been dominated by the Western discourse on homelessness, which even if informative, reflects an epidemiological approach, bringing blame on to the individual's characteristics, with little importance put on environmental factors (Susser, 1990) until recently. Moreover, the frame through which distress has been studied is questionable, as it ends up evaluating people in terms of diseases or deficits of society. The prevalence of deficient models in literature is so evident that only one quantitative study was carried out looking at the strength-based model or positive model of homeless situation and distress (Stump & Smith, 2008).

Table 3.5 Characteristics of studies examining factors associated with poor mental health of homeless women

S.No.	Author	Area	Sample size	Age	Measurement	Results
1	Bassuk et al., (1986)	Boston, USA	80	Median 27	SSI	No social support (20), child abuse and neglect (14), multiple instances of family disturbances growing up (27). House related issues like eviction, non payment, crowding as reason for homelessness (46) and 27 participants reported dissolution of relation, battering, death, illness, inability to get along in domestic arrangements as the reason.
2	Bassuk & Rosenberg (1988)	Boston,USA	49	Mean 28	SSI	42% Reported childhood abuse and 41% reported adult abuse
3	D'Ercole & Struening(1990)	Manhattan, USA	141	Median 31	Experience of Victimisation scale	31% reported sexual abuse and 63 % reported violence with adult partner
4	Wood et al., (1990)	Los Angeles, USA	196	Mean 29	SI	21% reported childhood abuse and 34% reported adult abuse
5	Goodman et al., (1991)	2 Cities from England	50	Mean 26.8	CTS, Structured scale for childhood circumstance	60% reported physical abuse, 42% sexual abuse in childhood and 65 % Interpersonal violence
6	Shinn et al., (1991)	New York, USA	704	Mean 28	SI	Childhood physical abuse (11%), Childhood sexual abuse (10%) and Interpersonal Violence (27%)
7	North & Smith (1992)	St Louis, USA	191	Mean 29	DIS-HS	Rape (66%), assault (53 %), witnessed killing (35%) had sudden injury and accidents (32%), and other forms of traumatic events (53%).
8	Padgett et al., (1992)	New York,USA	311	Mean 36	SQ	Traumatic injuries from various kinds, as severe as skull fracture (1.6) to concussion (7.4). History of victimisation revealed robbed (27.7), property stolen(48.9), threatened with weapon (20.6), Beaten (19.6), sexually assaulted (10.3),fear of harm in present (32.2), fear of harm in future (18)
9	Ingram et al., (1996)	Ohio, USA	113-116	Mean 34	Multiple tools on victimisation, sexual harassment, daily hassle, and negative social exchange	Homeless women experienced more sexually aggressive behaviour. There was no difference between criminal victimisation in the last six months and sexual harassment. Family life was different and related traumas were significantly different. Homeless more psychologically distressed. Victimisation overall related to distress, quality of family environment predictive in both groups of distress. Negative social exchanges and daily hassles more predictive of distress in housed women. Sense of coherence predictive of lower distress in homeless but not housed.

S.No.	Author	Area	Sample size	Age	Measurement	Results
10	Marriott et al., (1997)	London, UK	35	Mean 46	SSI	33% relational breakdown, 28% unemployment, 13% psychiatric illness
11	Lavesser et al., (1997)	St Louis,USA	202	Mean 29	SSI	28% reported abuse inflicted by partner, 45% reported threats of violence. 76.7 % reported to have spent childhood in foster care, group homes, and juvenile detention centre.
12	Mertin & Mohr (2000)	Adelaide, Australia	100	Mean 33	ACTS	71% high frequency verbal abuse more than 20 times a year. 67% being blamed for all partner's problems. Spouse controlling money (67%), unwanted demands for sex (44%), being grabbed, pushed and shoved (42%), 67% thought they would be killed.
13	Nyamathi, Leake, Gelberg (2000)	Los Angeles, USA	860-191	Mean 33 /31	Multiple tools on victimisation	Street homeless women reported more health issues, pain, mental health issues, victimisation, STD, Pregnancy, sexual assault, robbery and physical assault. Three times greater odds for physical health and 12 times greater odds for mental health. Use of drugs in last six months more likely to have poor mental health. Sexual activity and victimisation not strongly related to status of shelter.
14	Nyamathi, Stein, Bayley (2000)	Los Angeles, USA	871	-	Multiple tools on victimisation, past history, social support and coping	Dysfunctional family (parent drug use, abuse) led to reduced self-esteem, avoidant coping and therefore poor mental health. Reduced positive social support and high deviant social support leads to high perception of drug use, somehow causing avoidant coping thinking drugs are solution. Parental drug abuse, support from deviant sources, low drug self efficacy increased the risky sexual behaviour. Mental health affected by current drug use, avoidant coping, less social support, dysfunctional support. This along with abuse history causes 68% of the variance.
15	Phillip et al., (2006)	Malaysia	17	Mean 35	SVAWS	100% Physical abuse, 82% psychological and emotional abuse, 81.3% sexual assault
16	Schuster et al., (2011)	Connecticut, USA	170	Mean 31	PDS	93% at least 1 trauma and 73 % multiple traumas. Most stressful events in past year were homelessness (36.2%), death of family or friends (14.5%), loss of child custody (10.2%), physical or emotional abuse (8.7%), financial strain or unemployment (8.7), marital problem (8.7%), incarceration (4.3%)
17	Tsai et al., (2012)	Connecticut, USA	581	Mean 43	Event scale, ASI,	Trauma factor analysis revealed six factors - robbed, accident/disaster, illness/death of others, combat, sexual assault and physical assault. 31 previous traumas were reported by each woman on an average. Potential sexual trauma resulted in higher days of being homeless. Accidents and deaths of others were related to poor physical health, while being robbed was related to drug problems. Surprisingly, no trauma related to PTSD and other pathology

S.No.	Author	Area	Sample size	Age	Measurement	Results
18	Chamber et al., (2014)	Toronto, Canada	522	Range 25 -39	SF-12 (PCS and MCS) & ASI	Perceived support (financial and instrumental), physical and sexual assault in past 12 months, presence of chronic health condition, presence of drug problem in past month as factors related to poor mental health.
Longitudinal study						
19	Browne & Bassuk (1997)	Massachusetts, USA	220	Mean 26	CTS- CSM	75.3% reported childhood abuse and 87.50% reported IPV

Literature to date has been very critical about the issue of mental illness causing homelessness or homelessness mimicking the symptoms of mental illness and exacerbating the symptoms. Robertson (1992) questioned how the researchers could be certain if the distress is because of the mental illness or the poor mental health is caused by the harsh reality of homelessness. The mental stress of malnutrition, poor hygiene, sleep deprivation, sense of powerlessness, loss of security, loss of identity, poor self-esteem, and lack of control over one's fate can be expected to evoke symptoms of psychological distress (Robertson, 1992). And these changes have enough potential to cause delirium, apathy, memory impairment and sometimes paranoia (Robertson, 1992). Robertson quoted Martin's ethnographic work, where one homeless woman who was unkempt, wrapped in multiple layers of clothes and smelling bad could have been diagnosed with disorganized behaviour of the psychotic spectrum disorder. But while interviewing her, Martin found that her way of living was a defence against rapists. Therefore, looking at the symptoms without looking at the context would lead to over diagnosis of homeless women as mentally ill, when they might not be sick but just temporarily unstable because of harsh circumstances (Robertson, 1992).

In addition, the selection of homeless women from agencies and drop in centres where chronically ill people are more likely to come and therefore are represented in the homeless sample in studies, could over represent the pathology. Few studies report an increase in the rates of psychiatric diagnosis or distress in the homeless population (Linda, Buckner, Williams & Nicholson, 2006; North, Eyrich, Pollio & Epitznagel, 2004). This has been attributed to the deinstitutionalization, the prevalence of the medical model, a lack of low budget housing options, unemployment and rampant poverty; these are the speculated reasons for increased incidences of mental illnesses in homeless women.

Therefore, the quantitative studies can be criticized for socially constructing "*pathological homeless women*" (Huey, 2012). The evidence can be drawn from the pathology focused studies, employing assessment and screening tools to diagnose the women for better management of homeless people (Van

Worner & Boes, 1997). The literature had ignored, until recently, looking at the context of symptoms (Snow, Anderson & Koegel, 1994) and isolating independent risk factors, oblivious to the fact that these factors have accumulative and complicated effects on the homeless (Hamilton, 2011).

Another set of problem with the quantitative studies has been the lack of sampling rigour. As stated earlier in the chapter the homeless population is very heterogeneous and even the homeless women have many subgroups – chronically homeless, first time homeless and temporary homeless. Further categories are elderly homeless women, middle aged homeless and young homeless teenage mothers (McChesney, 1992). The characteristics of homeless people are stated to be changing in nature with changing times. For example, in earlier times homeless middle aged men with alcohol problems were in a majority in USA, whereas now homeless families/mothers with children present a new face of homelessness in the United States.

The majority of the studies selected either an exclusive sample of sheltered homeless women or a probabilistic or non-probabilistic sample from women in shelters, day centres, drop in centres, and agencies, ignoring homeless women living with families or friends or on streets and bus stations or other institutions. Apart from that, all studies had a sample which was English speaking, ignoring women who were non-English speakers. The presence of diversities complicate the process of estimating clinical trauma or distress and therefore makes it difficult to generalize the findings to all homeless women across the globe.

Most of the studies were cross sectional, exploring the characteristics at one point in time. This design does less justice to a dynamic topic like homelessness where the participants face different uncertainties almost every day, though there have been a few attempts, but more empirical efforts in longitudinal and multi method studies are required to create a holistic picture.

Another important criticism for quantitative studies for years has been the measures that are used to measure various psychological constructs. This drawback applies to the present review of quantitative studies. All studies used

either standardized diagnostic interviews and/ or a symptoms checklist. There are two concerns with the measures; first the tools lend us limited information about the questions asked. It narrows our understanding of the individual's experience to certain factors, which are primarily dominated by a medical model looking for deficits in people. Second, the symptom checklists can prove to be inadequate; unlike standardized diagnostic interviews looking at the complete psycho-social assessment of an individual, symptom checklists are only concerned with the presence or the absence of the symptoms, thus over-representing the prevalence of psychiatric diagnosis and distress.

3.6.3 Qualitative Studies

After screening the qualitative studies against the inclusion and exclusion criteria, 18 studies were shortlisted for the review. Data extraction, analysis and synthesis of the findings from each study were compiled using Sandelowski and Barroso's (2007) summary format. It involved information regarding the aim, purpose, theoretical underpinning, methodology, sample, discussion points and conclusion. Later, all the findings were re-synthesized to come up with new insights related to homeless women and mental health.

The data extracted from the 17 qualitative studies involved 453 homeless women from the UK (3), the USA (13) and Australia (1). The participants were from different ethnicities – 35 white, 217 African American, 22 Latino, 13 Caucasian, 8 Hispanic, 4 Asian, 3 middle eastern, 8 Anglo Australian, 2 Greek Australian, 1 Aboriginal, 1 Pacific Islander, 13 multi ethnical and 13 others. 77 mentioned in four studies did not elaborate on the ethnicity. The age range across the studies was 18 to 70 years, with a majority of the studies sampling homeless mothers and just one study with veterans. Evidently the studies included very heterogeneous samples. Nevertheless, the studies can be applauded for creating a holistic picture of homelessness and not focusing on individual independent factors. Another positive of the qualitative studies was that it captured participants' perceptions in their own words, instead of collecting answers within a given structure of questionnaires. Though the studies were reported from different disciplines through different lenses, some common findings which emerged across the studies were;

Pathway to homelessness - The factors and pathways that led women to become homeless were childhood related, adulthood related, personal factors, societal factors and maintaining factors. The factors from childhood were neglect, poverty, separation, abuse and parental mental illness. Adult related factors were military based trauma, interpersonal issues and violence, death of primary caregiver, parent or sibling, escape from traumatic family life, fire and conflict with landlord and neighbours. Personal factors included the need to be independent, lack of social support, alcohol and drug related issues and mental illness. Unemployment, inadequate services and dependence on shelter homes could be seen as maintaining factors for homelessness.

Negative experience with shelter homes - The experience of shelter homes was reported with mixed feelings. Provision for safe and secure space, support from other residents and staff were reported as helpful. However, rules, restrictions, lack of privacy, lack of personal space, interference by staff in parenting, uncaring attitude of staff and provisional bottlenecks in the system were complained about. The stigma of being perceived as prototype homeless women was disturbing. It was reported to cause shame. It was reported to make participants question being a responsible mother. Participants reported a mixture of mental health issues – anxiety, depression, suicidal thoughts, mutilation, anger outbursts and substance abuse. Physical health was also reported to be poor, but was usually ignored due to lack of information and lack of eligibility for free services.

Meaning of home – The difference between home and house was less easily reported by homeless women as compared to securely housed women. However, the women reported fantasizing about home depending on the previous experience of home. A pleasant family history helped women fantasize about basic facilities with a personal touch. Women with some trouble in their family lives fantasized about homes with positive memories from the past. Women with extremely troubled family lives reported safety and security.

Personal strengths - Despite of all the losses that they experienced in their lives, these studies brought to a forefront the strengths, aspirations and goals of

the participants. Participants reported being persistent in looking for a stable house, employment and upgrading their education. Despite the differences with the shelter staff on parenting, they continued doing their best for their children's well being. They all remained independent and self sustained despite of all the issues in life.

Most of the studies have recruited women from the social service agencies – shelter homes or day care centers. But there are lots of other homeless women who do not have access to the social services for various reasons, like distrust of social services, self perceived strengths to handle life situations, or extra support available from family and friends. On the other hand there would be some women who are in other institutions like mental institutes or staying with friends and families in an emotionally cold or dysfunctional environment. The exclusion of these women represents findings from the same kind of homelessness with similar homogeneous findings. Nevertheless, the review synthesis of the heterogeneous group of homeless women in terms of age, ethnicity and geographical background has offered a comprehensive understanding of trauma and homelessness.

Table 3.6 Characteristics of qualitative studies investigating experiences of homeless women

S.No.	Author	Place	Design	Sample Size	Age Range	Themes
1	Hill (1991)	USA	Descriptive Qualitative	90	-	Meaning of home and possessions in shelter homes
2	Hodnicki et al.,(1992)	South Eastern City, USA	Descriptive Qualitative	8	24-67	Personal response to being homeless mother - heightened awareness, guarding for children, identifying needs and solution strategies
3	Tomas & Dittar (1995)	Brighton, UK	Mixed Method	12	17-45	Meaning of home and house and past traumatic histories
4	Banyard, & Graham-Bermann (1998)	Durham, USA	Grounded theory	64	Mean 29	Strength that helped survive through the homelessness.
5	Thrasher & Mowbray(1995)	Detroit, USA	Ethnographic	15	19-40	Functional adaptation learnt as result of homelessness
6	Dancy & Barge (1996)	Midwestern city, USA	Exploratory descriptive	70	18-40	Experience of being homeless and difficulties experienced
7	Hatton (1995)	Chicago, USA	Grounded theory	30	20-30	Health issues in shelter and coping with it
8	Menke & Wagner (1997)	USA	Naturalistic Inquiry	16	19-43	Difficulties faced in shelter homes
9	Walters & East (2001)	Nottingham, UK	Action research	3	18-21	Cycle of repeated homelessness
10	Belcher et al., (2001)	Washington DC, USA	-	16	30-50	Pathways to homelessness - traumatic histories
11	Averitt (2003)	-	Phenomenological inquiry	h29	-	Experience of homelessness living in shelter - positives and negatives
12	Crosgrove & Flynn (2005)	USA	Strength based	17	20-32	Issues faced in shelter homes and strength from the self to deal with it
13	Tischler et al., (2007)	Birmingham, UK		28	24-49	Reasons for homelessness, health care and coping
14	Camerson (2010)	Arizona, USA	Qualitative Descriptive	7	50-60	Reasons for homelessness and self-reported depression
15	Hamilton et al., (2011)	Los Angeles USA	-	29	-	Pathways to homelessness - web of vulnerability

S.No.	Author	Place	Design	Sample Size	Age Range	Themes
16	Hightower (2009)	Arizona ,USA	Qualitative Descriptive	10	51-60	Causes of homelessness
17	Huey et al., (2012)	Chicago, USA	Trauma based	79	18-70	Traumatic histories and trauma symptoms experienced
18	Kirkman et al., (2014)	-	-	12	-	Experience of homeless mother - risk factors and mental health of mothers

3.6.4 Summary of Review

Overall, the review findings, irrespective of the qualitative and quantitative studies, lend important insights to the first objective of the research, with assertion. The present review asserts the summary points because it not only includes peer reviewed articles but also books, conference proceedings and unpublished dissertations, which were missing from the previous two reviews presented on the qualitative studies on homeless women (Finfegeld-Connect, 2010; Meadows-Oliver, 2003). The first objective proposed to understand what literature says about homeless women from a trauma perspective, theoretically and empirically.

The review has clearly revealed that homelessness has been seen in psychological literature through a trauma lens using both qualitative and quantitative methodologies. The differences between the two sets of reviews (qualitative and quantitative) reflect several differences. The first set of reviews (quantitative) was dominated by the psychiatrists, epidemiologists and clinical psychiatrists over the quantitative studies since the 1980's, indicating the influence of the medical model. The majority of studies were looking at the signs and symptoms of distress using various structured tools. These studies assumed that trauma caused homelessness, while the second set of studies – qualitative - were dominated by the sociologists, social workers, anthropologists and nurses, and were carried out in more recent years. The qualitative studies did not necessarily mean trauma in a clinical sense, as laid down by DSM and ICD. These studies were more open to the experiences of homelessness than looking at the checklist of trauma symptoms. They offered an alternative understanding of the traumas and challenges of homeless women.

An alternate theoretical understanding of trauma in the context of homelessness was also offered by Goodman, Saxe and Harvey (1991), Milburn and D'Ercole (1991); and Harvey (2002). The framework allows appreciation of the two way relationship between homelessness and trauma, along with accepting the role of positive mediating factors, giving space for personal accounts by every homeless person. In addition it conceptualizes the trauma in terms of multiple losses. The positive psychology model by Steven Joseph

seemed more promising in understanding the phenomenon of trauma and growth. This provides a comprehensive model which envelops the negative sides of trauma proposed by the medical model and the positive side of trauma in terms of growth following trauma as part of development, growth and healing. The critical evaluation of the term 'post traumatic growth' also revealed that 'changes following adversity' is a better term, as these changes are part of normal growth and development, and not necessarily outputs of severe trauma like PTSD.

Despite of the limitations of the studies in the review on cross sectional studies, sampling issues, predominance of western discourse of homeless women and the issue of re-presentation of interpretation, the review has offered insight into the area and acted as the launching ground for designing further research.

3.7 Conclusion

In conclusion, the review helped the researcher in two ways. Firstly, it offered affirmative evidence on multiple traumas that the homeless population experiences. The evidence exists theoretically and empirically. Secondly, the review helped take clear stands on three issues, imperative to the field study in the present work-sample and qualitative study. The rare representation of a nonwestern homeless population, with overall marginalization of homeless women in literature, lends support for a study with Indian homeless women. The review also offered a rationale for qualitative study. The review of empirical studies reported a clear divide between the medical understanding of trauma or distress of homeless women, as it emerged through quantitative studies, versus studies concerned with the personal accounts of participants (qualitative studies). The positive interpretation of an adversity like homelessness was more naturally captured through qualitative methodologies as mentioned earlier. In addition, they gave space for culture, history and environment in the narratives. It also allowed for the capture of trauma and distress across the life span. This is supported by the narrative-based evidence suggested by the critical psychiatrists Bracker and Thomas (2005) and well documented narrative work in the area of adversarial growth (Pal & McAdams, 2004) from Chapter 2; this lays clear ground for using life

narratives for the present study. Based on this synthesis, a qualitative study was designed to study fourth and fifth research objectives. Details on these research questions and related methodology are mentioned in Chapter 5.

The next chapter (Chapter 4) presents a review in an attempt to answer the second and third question of the study mentioned in Chapter 1, on relations between changes following adversities and religious spiritual coping.

4 Religious Coping and Changes Following Adversities

4.1 Overview

This chapter presents a systematic review of the relation between religious coping and changes following adversities. Section 4.2 starts with a brief introduction about religion, spirituality and changes following adversities. The next section focuses on the religious coping and associated objectives for the chapter. Section 4.4 and 4.5 present the review procedure and results respectively. Section 4.6 synthesises the summary of the review, which is followed by a conclusion (Section 4.7).

4.2 Introduction

The existence of religion and spirituality and its impact on human life has been known since early civilisations. Hinduism believes that humans can progress through *tapasya* (ordeals). In the last 20 years, the modern psychological theories on changes following adversities have also talked about a component of religious and spiritual growth following adversities. According to Janoff – Bulman (2004), trauma helps rejuvenation of religious and spiritual experiences as existential awareness. Similarly, Tedeschi and Calhoun (2004b) talk about a change in life philosophy, referring to the renewed religious and spiritual interests that help appreciate and prioritise life better. Post traumatic spiritual growth is an emerging area of interest recently (Denney, Aten & Leavell, 2011). Shaw, Joseph and Linley (2005) have found specific religious factors - religious openness and participation, intrinsic religiosity and religious coping, associated with post traumatic growth.

Despite religion and spirituality having an important role to contribute following trauma, there are three areas of concern; direction of relationship, distinction between religion and spirituality, and the multidimensional nature of religion and spirituality. The direction of relationship between religion, spirituality and changes following adversities has been reported inconsistently. Some studies report that people who are “not so religious” turn to religion in times of stress (Gillum, Sullivan & Bybee, 2006; Brotherson & Soderquist, 2002 ; Thomspon & Vardaman, 1997); a few other studies report that people

who already scored high on religion pre disaster/trauma report a deepening of faith following stress (McGinn , 2008; Meisenhelder & Marcum, 2004), and some studies report that people experience a decline in faith following trauma as well (Joseph, 2011a; Cole, Hopkins, Tisak, Stell & Carr, 2008). This indicates that while religion could offer meaning in the times of distress, it could also disappoint religious people in times of sudden and intense trauma like earthquakes (Cole et al., 2008).

The literature distinguishes religion and spirituality as two overlapping yet distinct constructs. However, the literature on religion and spirituality in the context of post traumatic growth is silent about the differences, and uses these terms interchangeably (Shaw, Jospeh & Linley, 2005). The constructs, though overlapping, are distinct. Religion happens in the context of well established traditions, with a set God figure/ image/ notion. The pathways to reach God are set, which are followed within the traditions- rituals, services, literature, and virtues (Dykstra, 1989). Spirituality, on the other hand, is a personal experience of getting in touch with the inner self to seek personal integration (Roof, 1999) and also find ultimate meaning, higher values, inner freedom to transcend the self (Hood, Hill & Spilka, 2009). This implies that one can be experienced without the other. For instance, an individual can be spiritual, free of religion and vice-a-versa. However, the distinction between the two becomes difficult because both focus on the personal experience and aim to transcend the self.

According to Verma and Maria (2006), the distinction between the two is more meaningful when placed in a cultural set up. For instance, Hinduism (relevant to this thesis), followed and practiced in India, makes it difficult to distinguish as the Hindu philosophy preaches two pathways to unite with the sacred. One is the Bhakti Yoga, which requires religious rituals and practices. The other one is Gyana Yoga, which requires understanding of the body and soul. It is suspected that Hindus following Gyana yoga are more likely to be spiritual and Hindus following Bhakti Yoga are more religious. That way spirituality could be experienced within the umbrella of traditional religion.

In recent times, Taylor (2007) reports rise in “spiritual rather than religious people”, and groups which are “neither religious nor spiritual” (Fuller, 2001).

These people are secular, atheist, and agnostic. These groups have been existing for long in Western Europe but are on rise not only in USA, but also in India (Keysar & Kosmin, 2008). Examples of nuns leaving convents for cloistered way of life, war veterans' struggling to justify god's will in mass killing, and young kids losing either or both of parents (Vetter & Green, 1932) ; reflect people who diverge from the religion. The individuals placed in such situations find alternate non religious frame of reference more compelling, like role of education, tolerance and alternate meaning provided by science instead of religion (Beit-Hallahmi, 2007). Though, as Keysan and Kosmin, (2007) suggest, study of each of these groups is required in its own right, the existing empirical evidence is not enough to explain it all.

The present study intends to look at the religion, and more specially role of religious coping; and not the global construct of religion; on changes following adversities (Shaw et al., 2005) in a systematic manner.

4.3 Religious Coping

Religious coping is defined by Koenig, Pargament and Nielsen (1998) as "*the use of religious belief or behaviour to facilitate problem-solving to prevent or alleviate the negative emotional consequences of stressful life circumstances*" (p.513). There are various manifestations of religion coping. People engage in various forms of rituals, prayers, mediations, mass religious activities and many more. These religious activities are found to serve specific coping functions – cognitive, motivational, social and emotional attachment. In the book "*The Psychology of Religion*" by Hood, Hill and Spilka (2009), have offered two psychological theories to explain how religious coping helps in time of crisis or stress – Attribution Theory and Attachment Theory.

4.3.1 Meaning Framework - The Attribution Theory

The meaning framework starts with an assumption that humans have a need for meaning in life and the meaning is achieved at cognitive, motivational and social levels (Hood et al., 2009). Attribution theory helps explain how religion helps find causal explanations about people, things and events (Wikstrom, 1987) and thus the meaning.

Religion is said to be capable of offering a global meaning comprehensively covering all domains of human life (Hood et al., 2009). According to the theory situational factors like importance of event, valence of event, and personal relevance of events (Lupfer et al., 1992), along with the dispositional factors like religious background, religious language to describe experiences, self-esteem and locus of control (Schaefer & Gorsuch, 1991) determine the religious meaning offered to the life event.

Cognitively, it is argued that religion can help to restore global life meaning when it has been disrupted or violated by an unpleasant life event (Park, 2005). At the motivational level, meaning is derived from the dispositional factor of need to control. This reflects self control or self regulation over excessive desires or deviant behaviour. This motivates choosing measures to feel a sense of mastery through prayers, participation in rituals and ceremonies. Psychologically, the change in self (secondary control), in the absence of any change that can be done to a situation (primary control), is where religion helps in coping (Hood et al., 2009). At a social level, the meaning is derived from the dispositional need to seek social support, cooperation and adherence from the culture of religion. Religion helps members of the religious groups to relate and identify with the group (Brewer, 1997). These rituals, performed with others, help the individual unite with the social world that humans are part of (Durkheim, 1965). It also maintains and controls group harmony and cohesion (Idler, 2013).

The theory offers a compelling framework to interpret religious behaviour in coping at cognitive, motivational and social levels, in everyday life. The application of the theory explains religion as an orienting system, offering an easily accessible and compelling framework, in comparison to any other alternate (Pargement, 1997). In addition, the prior exposure to the system, through socialisation, is essential to "*turn to religious coping*" (Pargement, 1997, p.147). Further, the theory explains why certain characteristics such as lower education, elderly age, female gender, and ethnic background are associated with greater benefits experienced through religious coping. Pargement (1997) explains that since people with these characteristics have less access to a more secular orienting system, which offers secular resources

and power, religion in that case turns out to be the easily accessible orienting system that can be used for coping with problems.

Despite the valuable contribution in explaining how religion is used to cope with life events, the theory has been criticised for being reductionist and simplistic in its assumptions expecting human behaviour to work in a systematic, rational and logical manner all the time (Malle, 1999). It ignores the role of attribution errors and socially desirable behaviour that people engage in unintentionally while making sense of events, especially in the case of religion. An additional problem with the model is that it ignores the role of cultural differences, which can shape individuals' judgment.

Further, the theory didn't answer if religious coping is more helpful in situations of low or high stress. The theory also assumes that any sort of religious engagement is helpful and ignores the negative coping as well.

Overall, the meaning framework offers multi layered explanation – cognitive, motivation and social. However, it fails to offer why people emotionally engage in religion to cope with real life problems. The developmental framework, in the following section, offers light on why and how religion helps emotionally in times of crisis.

4.3.2 Developmental Framework - Attachment Theory

Kirkpatrick (1992) extended the work of Bowlby in the context of the relationship with God's image. Attachment theory says that every infant is born with a biosocial behavioural system that is by evolution designed to seek the proximity of a caregiver and thus protecting the self from danger. Religion is said to offer comfort and a sense of security for those who follow it, in the time of stress (Hall & Fujikawa, 2013; Reinert & Edwards, 2009). The god's image, referring to the personal relation with God is said to parallel the secure attachment base (Hall & Fujikawa, 2013). It means God can be an attachment figure in a similar manner to parents. Retrospective studies with adults have come up with two contradictory hypotheses;

First, the Compensation Hypothesis states that individuals who didn't have a secure relationship with their primary caregiver are likely to be inclined

towards compensating for the attachment void through believing in an affectionate, caring and available god (Kirkpatrick & Shaver, 1990). Second, the Mental Model Hypothesis suggests that the religiousness of an individual is modelled on the attachment relations experienced early in their life. The secure attachment history associates with adequate socialization, where God within religious belief is accepted easily (Granqvist & Kirkpatrick, 2013).

The theory has been criticised for relying on the role of parents to nurture. The theory ignores the concept of multiple parenting and social groups apart from the primary care giver (Harris, 2010). In addition, the inferences of the theory are based on separation stress from the primary care giver only and not across different situations with the care giver. Further, the hypothesis mentioned above, esp. mental model hypothesis, does not acknowledge that even members from secular, atheist and agnostic families could also have secure relations with their primary care giver and still not be socialised into religion.

Despite the criticisms, a rich account of the hypothesis can be found in the work of Kakkar (1982) in his book "*Shaman, Mystics and Doctors*". Kakkar argued that various religious gurus tend to take the place of master, guide and guardian in the case of psychological rupture and help devotees to heal. Rana and Misra (2010) also reported the loss of a significant relation was substituted by the god image of Krishna in the life of the widows of Vrindavan.

Overall, the two frameworks do not acknowledge the role of non-religious coping in combination with religious coping, and lack empirical evidence to support how religion helps in times of stress. But both have offered a complementary and holistic understanding of how religion helps at different levels - cognitive, motivational, social and emotional.

4.4 Objectives of the chapter

Keeping in mind the larger questions of the study, and theories mentioned above on religious coping, the specific objectives of the present chapter are;

1. What is the strength of the relationship between religious coping and changes following adversities?

2. What psychological purposes religious coping are reported to have served in the qualitative account of growth?

4.5 Empirical Studies

A systematic search was carried out for this chapter, unlike the review carried out in the previous chapter, for two reasons. Firstly, there has been no systematic review of literature since 2005 on the relationship between religion and changes following adversities. Secondly, the boundaries for this review are relatively well defined, unlike homeless women and trauma. The following steps were followed for the review:

Step1: PsycINFO, Medline and PILOTS (Published International Literature on Traumatic Stress) databases were searched for peer reviewed articles until June 2014, and published in English. Only three databases were searched for present review as the review was intended to be within the preview of psychology discipline.

The specific search terms used for search were: "posttraumatic growth, post-traumatic growth, stress related growth, thriving, benefit finding and changes after trauma, growth following adversity and trauma outcomes". These were combined with "religion coping, religious/spiritual coping and faith for the search". Truncations, along with synonyms were used to search the literature. Searches through the databases resulted in 867 hits across the three databases. These title and abstracts were scanned through for relevance and 44 articles were identified as relevant, after removing duplicates.

Step 2: Each of the 44 articles was read to confirm the inclusion in the review. Articles to be included in the review had to meet following inclusion and exclusion criterion;

Inclusion Criteria

1. Peer reviewed articles published until June 2014 from the date of databases' inception.
2. Articles published in the English language.
3. Studies with human sample and participants above the age of 18 years.

Exclusion Criteria

1. Qualitative studies, which didn't mention the aim, purpose, theoretical underpinning, methodology, sample, discussion points and conclusion, were excluded from the review (Sandelowski & Barroso, 2007).
2. Quantitative studies which used one item scale, or didn't report on the instrument, or used a measure for the first time with no information on reliability and validity, were not included in the review. The studies which used new instruments for the first time, but had internal consistency greater than .70 and established convergent validity with other established instruments were included in the review (Urbina, 2004).
3. The data of the study already included in another study were not included in the review. The issue of duplicate data was resolved in two ways. Type I duplicates (data base duplicates) were resolved by keeping the article from the database with more adequately and accurately mentioned references. Type II duplicate (study /paper duplicate) was resolved by keeping the paper which had a larger sample size. In case both the articles had same sample size, the paper published earlier was selected.
4. The studies which commented on the strength of the relationship between the changes following adversities and religious coping, but didn't mention the correlation co-efficient for further analysis, were excluded from the review, unless the study offered comments on the psychological purpose religious coping served for changes following adversities.

The researcher scanned against the inclusion criterion, 16 articles were further shortlisted for the review.

Step 3: Citations in the 16 articles, along with the reference section of a review article on religion and spiritual coping and post traumatic growth (Shaw et al., 2005) were searched. Scopus analysis was also checked of the review articles to cross-check the reference quoted, since 2005. 34 more articles were

shortlisted for further scanning. Scanning of the articles added four more items to the list of 16, making it 20 articles. At the stage of analysis two studies were eliminated as one used the repeated sample (Harris et al., 2008) and the other didn't present the correlation information required for the analysis (Ahren et al., 2010). This led to 18 studies in total for the review. All 18 sources have been referenced in the reference section with double asterisk signs.

Step 4: A thorough reading of the articles and research questions led to classification of review analysis into four categories: (1) definitional concerns (2) correlation studies (3) predictive and meditational studies, and (4) qualitative studies

Table 4.1 Characteristics of Studies Investigating the relationship between Religion-Spirituality Coping and Post Traumatic Growth

S.No.	Author(s) & Year	Events	Gender	Country	Religious orientation	Ethnicity	Mean Age	Measures for PTG (α)	Measures for R&S coping (α)	Number of r*	Observed r*
1	Pargament et al., (1998)	Bomb blast, death /loss, medical illness	(186W/109M), (372W/167M), (286W/264M)	USA	Christian	-	59.3,19,68.4	STG	Brief COPE(.87,.78) (.90,.81) (.87,.69)	6	.12 - .60
2	Park (2005)	Death/loss of a relation in last year	121 W/44M/4UnS	USA	Christian	Caucasian	19.2	SRGS (.92)	COPE items on positive interpretation (.82)	1	0.35
3	Park (2006)	Multiple life stressors	Mixed (182)(83)(98)	USA	Christian	Caucasian	19.2, 77.9, 19	SRGS (.91)	4 religious items from COPE (.84)	3	.11-.41
4	Proffitt et al., (2007)	Multiple traumas	11 W/19 M	USA	Protestant Christian	Anglo Caucasians	49.1	PTGI (.90)	B-RCOPE (.69 to .90)	2	.49-.50
5	Harris et al., (2008)	Multiple traumas	228W/95M/1TG	USA	Christian	Caucasian	55	PTGI (.90)	RCOPE(.90,.81) & PFS (.94,.89,.86,.92)	6	.09 -.46
6	Stein et al.,(2009)	Loss	75W/38M	USA	Christian	Caucasian	20	SRGS-B (.90)	RCOPE (.87,.81,.83)	3	.24 -.25
7	Park et al., (2009)	Cancer Survivors	108W/59M	USA	Christian	-	46.34	SRGS (.88)	B-COPE -1 Prayer Item (.91)	1	0.37
8	Bosson et al., (2012)	Post Katrina	379 Mixed	USA	Christian	African American	43.5	PTGI (.96)	B-RCOPE -only PCR (.91)	1	0.263
9	Ai et al., (2013)	Cardiac Surgeory	104W/157M	USA	Christian	Caucasian	62.4	SGRS(.98)	B-RCOPE (.94, .86)	3	.061-.485
10	Gall et al., (2011)	Breast Cancer	87 Women	Canada	Christian	European Canadian	60.95	PTGI (.95)	RCOPE (<.51)	80	-.03 to.37

S.No.	Author(s) & Year	Events	Gender	Country	Religious orientation	Ethnicity	Mean Age	Measures for PTG (α)	Measures for R&S coping (α)	Number of r*	Observed r*
11	Gerber et al., (2011)	Multiple	681 W/335M	USA	-	Caucasian	20.18	PTGI	Brief COPE(.78 to -.80), B-RCOPE(.96,.82)	2	.12-.28
12	Trevino et al., (2012)	Military veteran Cancer Survivors	4 W/42M	USA	Christian	Caucasian	65.46	PTGI (.90)	B-RCOPE (.90, .81)	2	.35-.54
13	Chan & Rhodes (2013)	Hurricane Survivors	492 Women	USA	-		25.4	PTGI (.92)	Brief RCOPE (.94, .87)	2	.41, -.07
14	Werdel et al., (2014)	Multiple	320W/109M	USA	Christian	Caucasian	42.18	SRGS (.93)	BRCOPE – 2 items from NRC (.74) as religious struggle	1	-0.05
15	Thomas & Savoy (2014)	Mixed	90W,29M,9UnS	USA	-	-	19.77	PTGI-SF (.91)	B-RCOPE (.96, .83)	2	.159-.543

4.6 Results

The search of literature identified 15 empirical studies (See table 4.1), out of which 13 were cross sectional and 2 were longitudinal. All the studies have been published since 1999, indicating acceptance of religious studies as part of mainstream psychology in the late 1990's. Two measures of changes following adversities were used, post traumatic growth inventory (7) and stress related growth scale (8). The three measures used for the religious coping were religious COPE (11), brief COPE (3) and prayers function scale –PFS (1). The total sample size across the 15 studies was 5440, primarily community samples (60%), from the USA (80%), with Christian religious orientation (53%), and female samples (65%).

4.6.1 Definitional Concerns

Out of the 15 studies, 10 studies explicitly used religion and religious coping as the focus of the articles (Chan & Rhodes, 2013; Bosson, Kelly & Jones, 2012; Gerben et al., 2011; Park et al., 2009; Stein et al., 2009; Harris et al., 2008 ; Proffitt et al., 2007 ; Park, 2006; Park, 2005; Pargament et al., 1998). Only three of the studies defined religion as a construct and its variant - positive religious coping and negative religious coping.

Only one of the studies used spirituality as a construct but didn't define it and used religious coping tools to measure spiritual strain and spiritual connection (Werdel et al., 2014). Three studies used religion and spirituality interchangeably - "religious/ spiritual coping", when they used religious coping tools (Trevino et al., 2012; Ai et al., 2013; Gall, Charbonneau & Florack, 2011). Similarly, one of the studies grouped the two constructs – "religion and spirituality" to refer to the coping measured by religious tools (Thomas & Savoy, 2014).

Further, none of the studies indulged in explaining the overlap with spirituality, given that the definition of religious coping calls for "spiritual connection" or clarified their stand on the overlap. This indicates that despite the theoretical differences and similarities between the constructs, the empirical studies

remain silent on the issue and assume the constructs as interchangeable. Further, it can be concluded that the literature on religion and (or) spiritual coping is primarily dominated by the interpretation of religious coping.

4.6.2 Correlational Studies

Meta-analysis was conducted to synthesise the strength of association between religious coping and changes following adversities. Two syntheses were drawn from the multiple correlation effect size reported by the studies – study effect meta-analysis and study feature meta-analysis.

4.6.2.1 Study effect Meta-analysis - Overall correlation

Study effect meta-analysis takes only one effect size measure from each study by averaging multiple effect size, which is then meta analysed. This approach, according to Hunter and Schmidt (2004), helps avoid the statistical dependence that may have been caused by the multiple effect size from the same study.

To carry on the analysis, each study contributed one averaged correlation coefficient. Fisher's Z transformation was obtained to protect the sampling distribution of correlation coefficient from being skewed. The Fisher's Z was then weighted by the sample size of each study. The weighted Fisher's Z was then averaged and finally back transformed to a correlation coefficient.

The overall average correlation coefficient between religious- spiritual coping and changes following adversities was calculated to be .30, with range of -.05 - .60, based on 19 correlation coefficients collected from 15 empirical studies with a total sample size of 4432. The correlation coefficients reflect medium effect size (Cohen, 1988). This suggests that religious coping has a positive effect influence on changes following adversities.

4.6.2.2 Study feature Meta-analysis – Positive and Negative Religious Coping

Since the religious- spiritual coping have been studies in terms of positive and negative religious coping and different studies report different strengths of association between the two aspects of religious-spiritual coping with growth following adversities, a separate meta-analysis was done to find out the

strength of association between positive and negative religious coping with changes following adversities.

Table 4.2 Study effects on the correlation between religious coping and Growth Following Adversities

Study Feature	No. of Correlations	Fisher Z	Transformed r
Overall	115	0.303	0.294
PRC	64	0.43	0.404
NRC	46	0.18	0.17

The same procedure was followed apart from the fact that only the correlation coefficient of positive religious coping (PRC) and negative religious coping (NRC) was obtained for respective meta-analysis.

The mean of correlation coefficient between PRC, NRC and changes following adversities was .404 and .176 based on the 7 studies, reporting 9 correlations, with a sample size of 3571. This indicates that positive religious coping has a high medium effect (Cohen, 1988) on changes following adversities, and negative religious coping has a small effect on changes following adversities.

In response to the first research question, overall religious coping has a medium effect size on growth across 15 studies. PRC and NRC were found to have a high medium effect and a small effect on growth following adversities respectively.

4.6.3 Mediator Studies

Since there were three multivariate regression analysis and three path analysis studies looking at different predictors and paths to growth, no synthesis could be arrived at in a systematic way. Instead, a descriptive account of the studies' findings is presented in this section.

4.6.3.1 Causal Studies – Positive and Negative Religious Coping

Three of the correlational studies looked at the causal relation between positive religious coping and post traumatic growth using regression analysis. Positive religious coping was reported as a significant predictor across the three studies, counting for 21% variance in PTG (Trevino, 2012), 26% variance in PTG at the 30 months follow up for cancer surgery (Ai et al., 2013). PRC was reported

as a single strong predictor of growth amongst all the religious factors (Ai et al., 2013). Contrary to the other findings supporting positive religious coping, Thomas and Savoy (2014) found only negative religious coping had moderating effect for trauma on growth. Evaluation of significant interaction further revealed that low levels on negative religious coping, and a high number of traumatic events, predict higher PTG (Thomas & Savoy, 2014). This means that an absence of negative religious coping in time of intense trauma predicts higher PTG.

Higher PRC in all cases and low NRC in the presence of intense trauma cases were found as the predictors to the higher growth following adversities.

4.6.3.2 Path Analysis – Meaning Making as a mediator

Park (2005) found that meaning making partially mediated stress related growth (.28, $p<.001$) in a sample of bereaved college students. Since the study used positive interpretation as a measure of meaning making in the study, they suggested that religion provided a meaning system that helped participants to reframe their loss. Similarly, Bosson, Kelley and Jones (2012) ran a fully mediated model to study the mediating role of deliberate ruminations for a sample of 85 females who had faced a hurricane 2.5 years previously. The model counted for a 28 % variance in scores. The indirect effect of positive religious coping on PTG was found to be significant ($\beta=.12$, $p<.05$). The test of chi square depicting path between coping and PTG was found to be insignificant; indicating that deliberate cognitive processing fully mediated the relationship. This suggested that religious practices are central to the processing of traumatic events. In addition,since the PRC had an indirect effect on PTG, once cognitive processing was considered, it could mean that some people might gain same growth with cognitive processing not necessarily emerging out of religion. In some cases cognitive processing might be inefficient and religion may provide that framework within which cognitive processing could happen. This study suggested religion might not be the only framework to interpret the trauma.

Park, Edmondson and Blank (2009) further attempted to study the non-religious path along with the religious pathways to growth. The path analysis

found that religious orientation was related to higher divine control over cancer and greater religious coping. Greater personal control over cancer was related to higher active coping and lower divine control over cancer. Religious coping and not active coping was found to have substantial relation to later growth (β=.35, p<.001). The findings reflect that the religious and secular paths are intertwined and only religious coping predicted SRG over time. The findings suggest that people high on personal agency and who have little or no interest in religion will rely more on themselves and employ less religious coping; but people high on personal agency and who are also religious may employ both religious and active coping. In addition, the prediction of growth through religious coping and not active coping directly suggested that positive reframing or interpretation of threatening random events within a religious framework was an additional factor missing from active coping, and thus leading to stress related growth.

All three studies indicated the role of cognitive processing as an important mediating factor between religious coping and growth.

4.6.4 Qualitative Studies

There were three studies that were identified for the review examining the relationship between religious and spiritual coping and changes following adversities. Though none of the studies aimed to look at the relation specifically, a major section of the results and discussion revolved around the relationship between religious spiritual coping and changes following adversities. Table 3.1 presents information on the characteristics of the studies. All three studies were done in the USA, with 92 participants. 73% of the participants were females. The age ranged from 18-77 years. The studies were done in the context of illnesses like cancer and HIV/AIDS. The majority of the participants in each study were from ethnic minorities like African American, Caucasians or Puerto Rican and the majority followed the Christian religion. All three studies were qualitative in nature, based on interviews and focus groups.

Table 4.3 Characteristics of qualitative studies on PTG and Religion-Spirituality

S. No.	Author & Year	Country	Sample	Age	Condition	Demographics	Methods	Theoretical Underpinning
1	Seigel & Schrimshaw (2000)	New York, United States	54 females	Mean 35.9 years	HIV positive	34% African American, 32% Puerto Rican, 34% non-Hispanic white women.	Interviews	Descriptive Qualitative
2	Denny et al., (2011)	South of United States	3 focus groups with 13 women	Mean age 61 years	Cancer Survivors	Twelve were Caucasians and one was African American. Five of the participants were Baptist, five Methodist, two Catholic and one latter day saint.	Interviews	Phenomelogical study
3	Hensler et al., (2013)	Birmingham, United States	25 Males	-	Fathers of cancer surviving children	All Caucasians and Christian	Semi structured Interviews	Mixed method design

Across the three studies participants reported use of religion/spirituality in order to deal with the trauma and grow out of it. Meaning making was one of the evident ways religion/spirituality helped participants grow out of trauma. Religion and spirituality were reported to have provided a system for interpreting the sudden threatening life events. Seigel (2000) reported that participants interpreted illness as a way of returning back to a long neglected religion. Similarly, Hensler Katz, Weiner, Berkow and Madan-Swain (2013) found that religion gave fathers of cancer survivors a reason to understand why their children had cancer. Denny et al., (2011) reported that a deliberate search for purpose/meaning in illness gives them cognitive harmony. Social support elicited and offered by the religious groups and family members was another major way reported to have helped them cope with the stress and grow (Hensler et al., 2013; Seigel & Schrimshaw, 2000). Denny et al., (2011) found acceptance of illness and complete surrender was helpful in reducing the emotional distress by putting locus of control externally on God, in overwhelming, uncontrollable situations. Religion was also reported to have offered and instil hope in the participants. Seigel and Schrimshaw (2000) reported that religion was perceived as an anchor when everything seemed lost.

Thus, it can be concluded that meaning making, social support, external locus of control, hope and internal serenity were some of the psychological purposes that religious coping served to helped participants grow out of adversities.

4.7 Evaluation of the Review

The review has used a mixture of techniques to arrive at a synthesis on relationship between religious coping and changes following adversities. The review has also been able to identify five gaps in the research area that need to be developed further.

First, there seems to be a scarcity of qualitative and qualitative literature on growth and religious coping. The literature that is available is over represented by participants who are female, Christian and belonging to ethnic minorities based in the United States. The studies also varied across traumatic situations that they focused on. A majority of them focused on multiple life stressors,

followed by survivors of terminal illnesses, natural disasters and personal losses. Therefore, the findings lack generalisation. Moreover, the retrospective nature of the studies invite the recall biases, confounding the findings reported. In addition, religious studies usually appeal to religious people and thus their participation inflates the role of religion in studies.

Second, the assumption that spirituality is experienced within a religious tradition ignores the changes that atheists and agnostics would experience outside of a religious tradition. Therefore, it is important that religious and spiritual coping are operationally defined in the studies. As stated earlier, the overlap between the constructs is so pervasive that it has influenced the construction of the psychological tools measuring religious coping. Further, there has been just one tool, R-COPE, which runs on the same assumption, thus ignores the other possible ways to experience spirituality.

Third, there has been debate on the use of religion-spirituality subscales within the measures of growth (Joseph, 2011a). Seven of the studies in the review used PTGI, which has two items on religion. Therefore, the relational studies using PTGI have been found to have higher and positive correlation with religion-spirituality scales (Joseph, 2011a). Alternate measures, like qualitative studies or use of measures without religion subscales, therefore, are recommended for further studies.

Fourth, with the introduction of the construct "spiritual transformation", and the development of a psychological scale with high construct validity with PTGI ($r = .68$, $p<.001$) (Cole et al., 2008), it has become more imperative to extensively explore the relationship between spirituality and religion with growth, and their mechanisms in helping achieve a different kind of growth.

Finally, the qualitative studies included in the review reflected that the qualitative studies require more analytical rigour and strategies to prove the credibility of data (Seigel & Schrimshaw, 2000); they should use more open ended questions to elicit both sides of growth (Denny et al., 2011), and use terms like " benefit finding" with well stated rationale and definitions (Hensler et al., 2013).

Despite the insights offered by the review, the quality of the review can be further improved by doing a detailed quality assessment on each individual study, though that would have left the author with few articles for review. Another limitation of the study was the inclusion of studies published in English only. Further, collecting and working with the primary data of the studies can help run models to comment on the mediators statistically. In addition, other sources apart from peer reviewed articles could be included to make this review more comprehensive.

4.8 Summary of the Chapter

The review was an attempt to understand empirically the role of religious coping in growth in the context of homeless women. The literature search revealed that the literature on homeless women in this context is almost nonexistent. Therefore, the search criterion looked for literature on religious coping and post traumatic growth, irrespective of sample group. The only limitation on the sample group was the age of 18 years and above. The studies included were peer reviewed articles, published in English until June 2014, on search platforms – PsycINFO, Medline and PILOTS.

There are empirical studies – qualitative and quantitative, which have looked at the relationship between religion-spiritual coping and PTG. All studies agree on the positive role of religious coping on PTG. Positive religious coping has a stronger relationship with growth than negative religious coping. Cognitive processing, meaning making and sense of agency have been reported to be the mediating factors for growth. Qualitative studies also reported meaning making as a major part of growing out of trauma and coping with it. Social support, peace, serenity, acceptance and surrender were some of the other purposes that religion and spirituality helped to cope and grow against trauma.

Though the empirical studies and theoretical literature has supported the relationship between the two constructs, the studies have been criticised for conflicting results due to the methodological issues with the measures used for PTG and conceptual issues with PTG. Apart from that, the overrepresentation of Western studies, with female and Christian samples; seems to be yielding a

similar sort of finding and picture of the topic. Therefore, culturally variant and longitudinal studies are suggested for future research. Qualitative studies (in-depth interview based) are endorsed for this purpose as they not only overrule the barriers caused by the methodological choices with the construct and measure of PTG, but are more tolerant to the cultural differences.

4.9 Conclusion and Research objectives

Synthesis of the major points from chapters one, two, three and four reports three major conclusions. The construct of trauma as defined by positive psychology, encapsulating both positive and negative sides of trauma, does justice to the lived experiences of the homeless women, in comparison to the researchers' motivation to report a prevalence of distress and trauma. Post traumatic growth reflects the positive side of the changes following trauma. However, changes are not necessarily triggered by major traumas. They could be part of normal development or following a not so traumatic event. Therefore, "changes following adversities" is an apt term for the thesis, as it doesn't rely on the dubious term trauma and also includes both positive and negative changes following adversities.

The second conclusion from the review is the fact that the relationship between the religious coping and changes following adversities is overall positive, though the relational paths to different aspects of religious coping vary from each other. The review also revealed that the literature on religion, spirituality and post traumatic growth is dominated by the understanding of religion, even when researchers use the terms religion and spirituality interchangeably. Finally, the review also brought to light that there exist no evidence on the relationship in question, in the context of homeless women from the non western population.

Derived from the key conclusions from the review, the fourth and fifth research questions are framed;

1. What are the changes reported by the homeless women of ashrams in Vrindavan, following various adversities in their lives?

2. How did religion help participants cope with the changes experienced by the homeless women of ashram in Vrindavan, following various adversities in their lives?

To answer these research questions, the next chapter lays down critical decisions related to the methodology of the field study.

5 Methodology

5.1 Overview

The chapter is divided into eleven sections. Section 5.2 provides information on rationale for qualitative study. Section 5.3 presents theoretical assumptions underpinning the research. Section 5.4 explains the life narratives. The next section, Section 5.5, explains the process of data collection. Section 5.6 provides information on ethical considerations. The next section outlines analysis and verification of analysis (Section 5.7 & 5.8); the section following that lays down primary reflections of the researcher in Section 5.9. And Section 5.10 discusses critical issues such as English translation of interviews. The chapter concludes with a conclusion in section 5.11.

5.2 Rationale for Qualitative study

Qualitative methods have their roots in anthropology and sociology (Kirk & Miller, 1986). Their emergence and re-emergence in psychology in recent decades can be traced back to the early 1990's (Richardson, 1996). The trademark of qualitative methods is that they are conducted in natural settings, and the majority of such works require face to face interactions. Though the researcher directs the flow of information, and reconstructs information at the interpretation phase (Fraenkel & Wallen, 1990), it gives equal power to the participants for shaping the flow of the information. The power is decentralised as urged by the post psychiatry movement in Chapter 2. Given the participants of the present study were expected to be from underprivileged background, adequate space to share their version and interpretation was expected to be critical. Therefore, qualitative appeared as appropriate option.

The experiences and perceptions of each participant are considered important, as qualitative studies believe in multiple realities and depth of experiences (Lincoln & Guba, 1985). It gives scope to escape the problem of labelling and framing individuals with diagnosis; and allows looking at life problems without necessarily pathologizing participants, as asserted by post psychiatry movement in Chapter 2. This holds relevance in the present study, as

qualitative studies will help capture various adversities (not necessarily defined by DSM/ICD), and also captures the cultural driven adversities as mentioned by Joseph (2011b) (Chapter 3).

Qualitative studies accentuate the particularities of participants rather than aiming for generalizations (Greene & Caracelli, 1997), which further gives space to the culture, personal context and background of participants in study.

5.3 Theoretical Assumptions

The present study is ontologically rooted in the belief that reality is constructed by individuals. Epistemologically, the study follows a post-modern paradigm. It believes that knowledge acquired is subjective and is constructed through human interactions (Gergen, 1991). It also assumes that knowledge or truth that we gain is never complete, it's always relative and no one method can capture the variability of human experiences (Hoffman, 2005).

The constructionist tradition assumes that the experiences gathered are never raw, but are constructed through social interactions, interpreted and re-interpreted time and again (Kitzinger, 2004). The self takes a complete meaning in itself only in the context of historical, social and linguistic structures (Croosley, 2000). Qualitative methodologies have been employed in the constructionist framework for years to explore, understand and explain versions of reality (Shotter, 1997; Smith, 1997; Parker, 1991; Potter & Weatherell, 1987). Discourse analysis, interpretative phenomenological analysis (IPA) and narrative analysis are the three major camps within the constructionist approach. Discourse analysis has been criticised for focusing more on the grammatical and linguistic signs, while the self is "*engulfed, if not annihilated* " (Dunne, 1995:140). Similarly, interpretative phenomenological analysis (IPA) is criticised for over romanticising the insiders' view (Smith, Flowers & Osborn, 1997), ignoring the power dynamics that it perpetuates within the research space between the researcher and the participant (Crossley, 1998). Keeping that in mind a narrative approach was chosen for the present study in the context of adversities, to examine individuals in their coherent

chain of life experiences, situated in social, historical and linguistic systems. The narrative approach will help look at the social construction without ignoring individual accounts (Crossley, 2000).

5.4 Life Narratives

The present study used life narrative interviews to collect qualitative data, in consonance with the "*Narrative Based Evidence"* urged by Bracken and Thomas, (2005); and narrative work on posttraumatic growth by Joseph (2011b) and Pal and McAdams (2004) as elaborated in Chapter 2.

Narratives have been called "stories of human conduct" by Sarbin (1986). An individual's experiences, filled with meanings and narratives are called on as vehicles through which meanings are communicated. This story telling allows humans to make sense of the world they live in. Narratives were chosen as a tool for data collection because they helped collect historical, cultural and linguistic data related to the person. This again is in agreement with the "*Culturalization Movement*" advocated by Double, (2006a) to emphasis the role of socio-cultural factors in mental health (Chapter 2).

The use of narratives is widely seen in the context of interpersonal trauma, war, natural disasters, health related issues, refugee experiences and many more (Hunt, 1997). In addition, narrative interviews give the opportunity to cross-question participants. Since the majority of the target population was functionally illiterate, belonging to a rural background, and lacked the psychological sophistication required to respond to questionnaires, life narrative interviews were found to be the most appropriate way to engage with them. Authenticity, accuracy, credibility and trustworthiness assured through life narrative interviews looked promising to add up to the validity data (Creswell & Miller, 2000).

Narratives have certain disadvantages; for instance interviewees usually filter or hide information that they don't want the interviewer to know, or the researcher's presence biases responses of the interviewee. Furthermore, in-

depth accounts required by qualitative measures don't work with less articulate and vocal participants. For instance, in the present research it could be that participants willing to participate and articulate their life stories were likely to be more positive or social or extroverts, and possibly were already more adjusted in the shelter homes.

5.5 Method

5.5.1 Design

Qualitative design is used to collect data for the present study.

5.5.2 Sample

There were homeless women living in shelter homes, short stay homes and streets in Vrindavan. It was impractical to compile a list of all homeless women residing in Vrindavan because of the mobility of women living on the streets. Therefore, women living in shelter homes were selected for present study. There were following types of shelter homes that exist in Vrindavan;

1. Government sponsored and managed ashrams- There were two such ashrams - Mahila Sahey Bhagini Ashram (MSBA) and Pagal Baba Ashram (PBA). Both were sponsored and managed by the state government. Both the ashrams were in close proximity, divided by a narrow lane; the working staff were the same for both the ashrams.

2. Government sponsored but NGO-managed ashrams – There were two such ashrams. Chaitanya Vihar – Phase 1 (CV1) and Chaitanya Vihar – Phase 2 (CV2). CV1 was sponsored by the Central Government but managed by an NGO called Action point. During the phase of data collection, AP management resigned and the government took over the management. The staff members were retained and therefore, the functioning was more or less the same. CV2 was also sponsored by the Central Government but managed by another NGO called Maitri (M). CV1 and CV2 share the same campus, though the buildings and staff members are different.

3. Non Government sponsored and managed Ashrams – There were two such ashrams. Maa-Dham (MD) and Sita Ram (SR). MD was managed and

sponsored by Guild of Service, an NGO. Sita Ram was managed and sponsored by the Sita Ram trust, another NGO.

5.5.3 Participants

A convenience sample from the clusters was selected following the study's inclusion criteria and participants' availability. Women were eligible for study if they were;

1. Residing in shelter homes.
2. Older than 30 years of age. There was no upper age limit, until age related illness-dementia stopped them from participating. The lower limit was set on the basis of records of ashrams. The youngest participant in the shelter homes was found to be 30 years old.
3. Living in Vrindavan for at least the past year. Women, who had moved recently were believed to be still too distressed to share their stories and views completely. One year was believed to be enough to settle down and reflect on the past and talk about it.
4. Able to comprehend and speak the Hindi Language. The individual was not required to have the ability to read and write in Hindi.

5.5.4 Pilot study and recruitment of participants for the main study

A pilot interview was run to achieve a few objectives. First to attain the official permission from the District Provisional Officer (DPO), Mathura Government, the ashram's head or wardens for non-government run ashrams. Second, to evaluate the logistical issues, like availability of participants; accessibility of a safe and confidential place for the interviews, and ethical issues like monetary gains for participation. Third, to assess the interview probes and the translated interview probes in Hindi prepared for the data collection. Three interviews conducted during the pilot study were also included in the main analysis, as there were no major changes in the interview protocol for the main phase.

The recruitment of the participants was done on the basis of a list of residents provided by the ashrams. From the records provided, another list of residents was prepared who met the criteria (mentioned above) for the study. The

researcher approached women on the list to seek their participation in their respective rooms. After introducing themselves, the researcher explained the study and went through the information sheet with them. When participants confirmed that they would be happy to participate in the study, a suitable time and place for interview was arranged as per participants' convenience. The majority of the interviews were conducted in the lunch hours, as that was the only slot when women would come back to their rooms to cook food and rest before joining evening bhajjan (mass singing). Only women who didn't participate in bhajjans fixed their appointment for the mornings. The majority of the interviews were carried out in participants' rooms, as per participants' wishes, though some chose to be interviewed in private (interview room). Participants willing to be interviewed were asked to sign the consent form. In the case of less educated and illiterate participants, the consent form was read out by the researcher and the participant gave their thumb impression instead of their signature on the consent form. A copy of the consent form was given to the participants and another copy was kept for records with the researcher. Interviews were audio recorded on a digital recorder. The duration of the interviews ranged from 15 minutes to three hours.

5.5.5 Sample Size

In the present study, following the guidelines stated in a review article by the National Centre of Research Methods, UK (Baker, Edwards & Doidge, 2012); heterogeneity, theoretical saturation, cost constraints and time constraints were decided as the factors finalising the sample size of the study.

The interviewees were heterogeneous on various dimensions like age, marital status, place of origin, years of stay at ashram and many more. Theoretical saturation meant collecting data until no new conceptual insight was gathered from the interview (Glaser & Strauss, 2012). Theoretical saturation also involved picking up cases that were heterogeneous within the boundaries of inclusion criterions (Section 5.5.3). In addition, keeping in mind the limited finances and the time bound nature of the study 8 months were decided for the data collection in India.

5.5.5.1 Interview Probes

The interviews conducted were the life narratives of the participants. McAdam's interview protocol was referred to so as to produce a tailor made list of probes for the present study (McAdams, 2011).

Life Chapter

Participants were required to narrate their life stories from early childhood until the present study. In the case of less articulate participants the narration of life experiences was structured around the six family life stages given by Carter and McGoldrick (1989). Each stage of the family cycle required narration of events that happened to the participants in that stage of their life. It involved unrolling of experiences of joys, sorrows, regrets, weakness, and strengths. These six stages were as follows;

1. Family of Origin experiences as single individual before marriage
2. Married couples without children
3. Married couples with young children (below 12 years)
4. Married couples with adolescent & launching grown up children
5. Couples in midlife
6. Couples in later life

Key Events

Participants were asked to elaborate on their key experiences of being a widow, homeless, tough life situations and change in the self. This also included various issues and troubles that are still unresolved.

Coping and Significant people

Participants were asked to talk about how they coped with the trauma and what kind of social support they had during difficult experiences.

Future probes

This involved asking participants about their future plans, wishes, hopes and goals. This also included probes on if they would like to change anything from their past.

Concluding probes

This involved asking participants for anything else that they wanted to share that the researcher missed asking. They were given space to ask any other question related to the research. They were given the option to contact the researcher in case they wanted to talk or add something to their interview.

A funnelling technique was used to sequence the questions in this particular section (Willig, 2001), where general questions were asked prior to more specific, personal and sensitive questions. Funnelling reduced the risk of biased answers given by participants anticipating researchers expected answers (Smith & Osbon, 2003).

The probes were not followed necessarily word for word and in the same sequence. These probes were used as a reference point to ensure all important issues were covered in an interview. The questions and structure of questions were cross checked with the supervisors. The interview guide is listed in Appendix 2.

5.5.5.2 Data Collection

Sixty women were invited to participate in the study during the data collection. 56 consented for detailed interviews and 4 declined the invitation. Twenty two of the interviews were disqualified because of various reasons (Table 5.1).

Table 5.1 Reasons for number of Interviews not included in the analysis

Reasons	Description of problem	Number of Interviews
Technical problem	Recorder didn't work or was not working in half of the interview	2
Didn't meet inclusion Criterion	Interviewer misread in the records she was living in the shelter home for a year, but during the interview it was realised that she moved to the shelter home a week back.	1
Poor recorded voice quality	Either the voice was not very comprehensible, or not well recorded or was there too much noise in the background making it difficult to transcribe the interviews	6
No new addition to the analysis	Interviews were more like question/ answers, inquiry session, lasting for less than 10-15 minutes	13
		22

Thirty four interviews were selected for the analysis after excluding the 22 cases which couldn't be analysed from the pool of 56 interviews collected. The following section presents the details on the characteristics of the sample.

5.5.6 Sample Characteristics

Table 5.3 represents the sample characteristics of the 34 participants. There were key points that were analysed about the characteristics of the participants.

The mean age of the participants was 63.14, with a range of 30-92 The present study reported greater mean age in comparison to the previous study where mean age was 50 years of age (Bhandari et al., 2002). The differences can be explained by the fact that present study only looked at the women residing in the ashrams. Women in ashrams were expected to be elderly who could not manage their lives by themselves on a rented house. Living in ashram was

assumed to provide them with extra support in terms of staff, medical help and social support of other residents.

The mean age of marriage found in the study was 14.64 years, with a range of 7 -25 years. This was in support with previous studies reporting early marriages (NCW, 2010; Rai, 2002).

The average duration of stay in Vrindavan was 12.7 years, with a range from one to 75 years; which was found much wider than previous reports of 5-25 years (NCW, 2010). This could again be attributed to the fact that sample was limited to ashrams where the elderly of the population retire. In addition, the ashrams were also found as the first point of stay for any woman who moves to Vrindavan, as ashrams ensure security, safety and basic care for all.

The present sample not only had majority of the women as widows, but also 6% divorced, 6% separated and 9 % Single; resonating NCW (2010), findings suggesting Vrindavan attracting all women and not just widows in recent years.

Also 68 % had no or little exposure to education, as found in present study. The same was reported in previous studies on education status of women (NCW, 2010; Rana & Misra, 2010; Bhandari et al., 2002; Majumdar, 2002).

56 % relied on bhajjans and charity for their daily living, 17% had additional sources of income like pension and/or part time job, along with bhajjans and charity. This reflected that majority of the participants involved into multiple activities to generate income for self. Previous studies have also reported multiple source of income for majority of the participants (NCW, 2010; Majumdar, 2002).

Further, 29% of the participants were from West Bengal, followed by Uttar Pradesh (18%), Madhya Pradesh (18%), Rajasthan (12%), Haryana (6%) and Chhattisgarh (6%). Jharkhand, Punjab, Maharashtra and Assam collectively counted for 12% percent of the participants. Previous studies have also reported major flux coming from West Bengal, followed by Uttar Pradesh (Bhandari et al., 2002; Majumdar, 2002; Rai, 2010).

Table 5.2 Demographic characteristics of the participants

S. No.	Ashram	Pseudo-Names	Age	Education (years)	Income*	Place of Origin	Age at Marriage	Marital Status**	Duration of Stay in Vrindavan
1	MD	Urmila	75	2	0	Uttar Pradesh	15	W	23
2	AP	Jyotika	75	7	2	West Bengal	13	W	7
3	AP	Shivani	45	0	2	West Bengal	14	S	10
4	AP	Kiran	40	B.A.	0	Haryana	17	D	7
5	AP	Meera	50	0	2	Madhya Pradesh	14	W	7
6	AP	Dhanwant	60	0	2	Madhya Pradesh	16	W	7
7	AP	Seema	37	5	0	Rajasthan	15	S	8
8	AP	Ashrafi	80	2	2	Rajasthan	11	W	11
9	AP	Anu	60	0	2	West Bengal	12	W	10
10	AP	BKChan	56	12	2	Haryana	20	S	15
11	MAS	Kusum	78	7	2	Madhya Pradesh	16	S	3
12	MAS	Mithlesh	80	8	2	Rajasthan	9	W	60

S. No.	Ashram	Pseudo-Names	Age	Education (years)	Income*	Place of Origin	Age at Marriage	Marital Status**	Duration of Stay in Vrindavan
13	MAS	Sheffali	70	6	2	Jharkhand	13	W	22
14	MAS	Lalita	75	9	3	West Bengal	13	W	14
15	Maitri	Suman	56	B.A.	2	Punjab	25	W	1
16	Maitri	Rama	65	5	2	Uttar Pradesh	16	W	4
17	Maitri	Geeta	89	10	1	Rajasthan	13	W	13
18	Maitri	Jaya	60	12	3	Maharashtra	24	S	3
19	Maitri	Ramurti	60	8	3	UP	14	W	2
20	Maitri	Jhumu	79	3	2	West Bengal	16	W	1
21	Maitri	Padma	65	0	4	Chhattisgarh	14	W	2
22	Maitri	Janki	65	6	4	Madhya Pradesh	16	W	3
23	MD	Kajal	35	12	4	Uttar Pradesh	14	D	1
24	MD	Shanti Yadav	60	0	2	Uttar Pradesh	18	W	22

S. No.	Ashram	Pseudo-Names	Age	Education (years)	Income*	Place of Origin	Age at Marriage	Marital Status**	Duration of Stay in Vrindavan
25	MD	Imrati	90	0	0	Chhattisgarh	12	W	1
26	MD	Parvati	60	8	2	Madhya Pradesh	17	W	2
27	MD	Rataniya	60	0	2	West Bengal	12	S	20
28	MD	Ruma	37	8	0	Assam	18	S	4
29	MAS	Jyanti	50	6	1	Madhya Pradesh	-	NM	13
30	Maitri	Radha Roy	60	9	3	West Bengal	-	NM	2
31	AP	Radha	60	0	2	West Bengal	7	W	12
32	AP	Jawitri	70	0	2	West Bengal	-	NM	40
33	Maitri	Basanti	53	0	2	Uttar Pradesh	7	W	7
34	MAS	Manu	92	0	1	West Bengal	13	W	75

*Income – 0= no income, 1= pension, 2=Bhajjans and Charity, 3= Pension, Bhajjan and Charity, 4= Part time job, pension , bhajjans and charity

**Marital Status – W= Widowed, S= Separated, D= Divorced, NM = Never Married

5.6 Ethical Considerations

Ethical Approval was obtained from the Ethics Committee of the Division of Psychiatry and Applied Psychology (Formerly the Institute of Work, Health and Organisations), the University of Nottingham. Participants signed the consent form after being explained the nature of the study and before commencing the interviews. As the majority of the women were illiterate, they were given the option to put a thumb impression or audio recorded consent after the researcher read the consent form to the participants. This procedure was approved by the ethics committee. One copy of each written consent form that the participant signed was left with the participant.

Participants were assured of confidentiality and anonymity of information. Participants were assured that the information was used for research purposes only. Participants could withdraw from the research at any point without giving any explanation to the researcher. Participants had the option to stop whenever they wanted to skip if there were any questions that participants did not want to answer. There were no monetary gains for participating. However, women who missed their working hours for the participation were compensated for the missed wage.

Participants who were found to be distressed by any question asked by the researcher or the process of research were provided with support and comfort by the researcher. In the case of participants found in major distress not necessarily because of the research but otherwise, they were referred to the local/nearest mental health services.

Interview audio files, transcribed and translated copies were stored on a password protected computer. All data collected was securely kept, in accordance with the Data Protection Act (1998). Documents related to the study – consent forms – were stored in locked cabinet on the University campus, accessible only to the researcher.

5.7 Thematic Analysis

The data set was subjected to thematic analysis. Thematic analysis was proposed to give a master narrative emerging out of all analysed interviews. The details on analysis are present below.

The 34 interviews selected were subjected to thematic analysis. Thematic analysis as a method in itself is very frequently used in qualitative studies (Braun & Clarke, 2006). It is one of the less complicated and most flexible methods. This, though an advantage, is also seen as a disadvantage, where it is considered as an '*airy fairy'* method (Crossley, 2000). However, in its defence it has been said that the flexibility is the beauty of this analysis, which gives reasonable space to the data and researcher to make interpretations (Elliott, Fischer & Rennie, 1999). Moreover, the rigour of the thematic analysis comes more out from the theoretical framework within which the analytical claims are anchored. It focuses more on the congruency between the research question, epistemological assumptions, systematic method and interpretative frame (Reicher & Taylor, 2005).

As the topic of this research hasn't been studied in the context of these women, an inductive approach (Patton, 1990), leading to rich and in-depth analysis of the data set, was required. The prevalence of the theme was described by the themes that ran across the number of interviews. Themes were partially shaped by the predetermined categories raised to be studied in the research, along with any new information that was found grounded in the data. Epistemologically in line with the social constructionist approach, the attempt of the analysis was to theorise the socio cultural contexts that were shared by various participants. Therefore, latent themes were the primary focus of the analysis. The latent themes which emerged were interpretations of underlying ideas, assumptions and conceptualisations of the society which were reflected in the stories constructed by the participants (Burr, 1995).

The thematic analysis was carried out following Braun and Clarke's (2006) recommendations. The steps of analysis were as follows;

Familiarising with the data: The interviews were transcribed and translated by the researcher, which has been stated by Riessman (2003) as one of the best ways to familiarise with the data. Bird (2005) has argued this as a crucial phase in an analysis done within interpretative qualitative methodology.

Generating Initial codes: The coding was done using the software programme Nvivo. This phase involved extracting contents from the interviews which appeared significant to the researcher. According to Boyatzis (1998), these are the most basic elements of the raw data that leads to the meaning of the phenomenon under study. Separate files were created for each code across the interviews. Code of every potential theme (even the deviant ones also) was included in this phase, along with the surrounding content to give context to the extracted code (Bryman, 2001). The codes extracted were not limited to any one particular category. The initial codes were called "Nodes" in Nvivo.

Searching for Themes: Different codes were sorted into potential themes, collating all related codes into it. The codes were further organised at different levels within the overarching themes. The relations between the subthemes within one major theme or between the main themes were temporarily theorised. All codes that didn't fit into any themes were restored into a theme called miscellaneous during this phase.

Revising themes: Patton's (1990) dual criteria for judging themes were used – internal homogeneity and external heterogeneity. This means that a theme needed to bind together meaningfully, while being clearly distinct from other themes. Two levels of reviewing and refining was done. The first level involved looking at each of the themes in depth and reading through each code to see if all codes fitted into the theme to make it a coherent unit. If they didn't then reorganisation and rework was done and a second level of revision was carried out. The second level involved looking at the coherence of the whole set of themes that were developed. The themes were looked at to see if they flowed in a theoretically coherent manner and revisions were made till a coherent story/model could establish the link between the themes.

Defining and naming themes: The final aim of this phase was to define each theme in its fullness (what it includes and what it doesn't include). Detailed analysis of each individual theme was done with extracts quoted. Names were concise and reflective of the content. At this stage, a name was given to each theme looking at the essence that it captured of the whole data.

A theoretical structure was developed using the thematic analysis, reflecting on the master narrative collating the themes of the data set. Within this model each participant had a specific location in the master narrative of the sheltered women of Vrindavan.

5.8 Verification and Reliability of the Analysis

Interviews were translated, transcribed and cross-checked by a bilingual psychology graduate for accuracy. Two group meetings were organised with both supervisors to reach the common themes for a sample of interviews.

Verification and triangulation involved presenting the thematic analysis to the heads of the ashrams, who had also been the experts, working with the population for years. Though it was acknowledged that the experts could have biased opinions, but they were still opted for their indepth understanding of the issue. Since the heads of the ashrams wanted their team members to participate in the activity, it turned to be three focus groups. Results were presented to the groups and points of agreement and disagreement were discussed by the focus group, the researcher being part of this group. In case of disagreement, a special mention was made in the summary point of the focus group (Appendix 7).

The important findings on verification are presented in Chapters 6, 7 and 8 when required. A sample of detailed notes on each of the triangulation meetings is presented in the appendix 7 as well.

5.9 Researcher's Background

The researcher (NR) is a female in her late twenties, born and bought up in India. She hails from a traditional yet progressive patriarchal family settled in the capital city of India, Delhi. She has been close to her grandmother, who is the same age as many participants in the study. She has witnessed not so cordial relations between her mother and her grandmother. Her grandmother passed away at the beginning of the fourth year of this PhD.

NR did her B.A. (Hons) Psychology, M.A. (Psychology) and M.Phil. (Clinical Psychology) in India. In 2007, she did an exploratory study using the grounded theory to study the life experiences of destitute widows in Vrindavan, as part of her Masters dissertation. As a clinical psychologist she has worked with other marginalised groups based in India. This PhD has been an extension of her Masters dissertation. She moved to Nottingham in 2011 to start her PhD to explore mental health and post traumatic growth in the population.

Prior work with the population made the procedure to seek approval from familiar gatekeepers; unfortunately gatekeepers are transferred every few years so new contacts were established. It was a smooth process to start the data collection. However, towards the end of the data collection, media scandal related to malpractices carried out in ashrams had created an aura of suspicion around the researcher and therefore there was a sudden withdrawal of permission from government officers for further data collection. Negotiation with the DPO, could only extend permission for one week's grace period to wrap up the data collection.

The set up to carry out interviews was very uncertain most of the time, unlike the U.K. interview settings. There were occasions when participants wanted to do interviews in their rooms where people kept coming and going out. On many other occasions even when it was done in interview rooms, passersby would peep into the room out of curiosity. It didn't come as a surprise to the researcher given the non formal culture that the shelter homes follow, which in

turn is a reflection of collectivist Indian society. The concept of boundary and personal space is not fully welcomed, especially in the interiors of the country.

Researcher used self disclosure (familial background, educational background, age, marital status, caste and community, when required) during the data collection to break ice, reduce scepticism and keep power dynamics minimal (Abell, Locke & Condor, 2006). Self disclosure was found to be helpful in seeking permission from the gatekeepers for the data collection and also reduce their scepticism. However, disclosure with the participants, positioned researcher differently in each of the interview sessions. Disclosure of factors like caste and community with some of the participants belonging to the same community helped participants trust the interview process and be more forthcoming. However, some positioned researcher as a young , single, educated and independent women belonging to urban set up, who could listen to the life story but would not personally understand the pain of losing a husband or a child.

5.10 Translation Issues

In psychology there are readily available guidelines for translating quantitative psychological tools into different languages in order to maintain validity (McDermott & Palchanes, 1994). However, there is very little written on the translation of qualitative data like narratives (Twinn, 1997). Since the present study is carried out under the PhD programme of the University of Nottingham, United Kingdom, the language of analysis had to be British English. English is a global or internationally recognized language. Therefore, English should only be used to translate the interviews collected. However, a variant of English, Indian English, was chosen by the researcher instead of British English in order to preserve the cultural nuances of the narratives. This phenomenon in cultural study is called "*appropriation of global for the local*" (Ashcroft & Gareth, 2000). The appropriation of the English language to preserve the cultural, historical and linguistic nuances of the Hindi culture and language was considered pertinent for the present study.

Standard English is an English which has "*exclusive quality of clear communication, standards of intelligibility and promotes international communication*" (Ashcroft & Gareth 2003). The variant forms of English are bound to deviate from this standard because of the influence of the socio-cultural elements of the local, like Indian English. Indian English varies from Standard English in four different ways – phonological, lexicon, syntax and usages (Kachru, 1983). Bansal (1969) argued that these differences are a matter of accommodation, just as US English, Australian English and Scottish English exist in harmony with each other.

The relationship between India and English has an interesting historical background, which is worth a brief mention here. In the 16th Century, with the East India Company, the British bought the imperial seed of English to India. Over 200 years of colonial rule over India, formal education in English had become a mission of educating and civilizing Indians with English letters. It became a language of the educated elite class of Indians (Kachru, 2005). After independence, English was retained as a language of formal conversations for the Government of India. It took over the role of bridging the divide between the 24 linguistically different states within India. Today, English is the medium of education and a symbol of progress. Indians use English as a medium for gaining knowledge and information, yet use local language for means of entertainment, though there is an increasing trend to follow English popular songs and soap operas amongst the younger generations (Abbi, Gupta & Gargesh, 2000).

English came to India as an Imperial import, but is used by Indians to their own ends today. As a variant of Standard English it carries aesthetic value - historical and cultural, which can't be claimed universally. Many linguistically gifted and well acclaimed writers in English with Indian origins such as Amartya Sen, Salman Rushdie, Jumpa Lehri, Arunduti Roy and many more have proved that they can transcend the colonial past and write in a way that preserves the linguistic, social and cultural distinctiveness of India (Gargesh, 2009).

Indian English was chosen as the language for translating the narratives, as it would help the study to reach a global audience and yet preserve the cultural tinge by being closer to local culture.

5.10.1 Approach and Assumption to translation

The narrative approach to translation was followed for the process of translation given by Baker (2006a). According to the approach, the translator is embedded in a socio-cultural context and has opinions on many things and matters. Translation doesn't happen in a vacuum. The translator is seen at the heart of the interaction being translated (Harshavardhan, 2009). According to Baker, it's almost impossible to have no intervention or culture- free translation. The translator doesn't translate in a tight mechanistic manner because there is context to each unit of translation and there are not necessarily equivalent words in different languages. The translator is a creative person with various words at the disposal to choose from (Baker, 2006b). Therefore, the translator requires more flexibility. However, with more freedom and flexibility there comes more responsibility on the translator. In an Interview with Andrew Chesterman that appeared in Cultus (2008), Baker elaborated on the three measures that she has suggested as more ethical, self-reflective and conscious of one's own pitfalls. She calls them 'skopos', 'telos' and 'frame'.

The researcher in the present study followed the three guidelines to remain more reflective and conscious. First, skopos highlights the purpose and aim of the translation studies. It's the function of translation, as required by the client and accepted and adjusted by the translator. The decision to translate in the present study was to present the narratives to a global audience and meet the demands of the University. Second, telos refers to the immediate intention and motive of the translator in the context of the immediate task of translation apart from earning a living in the case of professional translators. The motive for translation in the immediate task was the successful completion of the PhD degree. Third, frame refers to the stand from which the translator looks at the world. It's the self-narrative of the translator through which you look at life and

the topic/task at hand. This has been elaborated in the reflection section of this chapter.

5.11 Conclusion

The present chapter has attempted to give a rationale for the methodological choices made for the study. In the same regard, the chapter has elaborated on the choice of qualitative study, sample size, recruitment, ethical considerations, translation and reflection. The following chapter presents the thematic analysis of the interviews.

6 Thematic Analysis: Adversities

6.1 Chapter Overview

The chapter presents themes identified from the life narratives of 34 participants. Three major themes emerged in the analysis: adversities, coping strategies and changes following adversities. These themes contain further subthemes and nodes, summarised in Table 6.1. The present chapter elaborates on the first theme, 'Adversities'. Adversities refer to the various difficult situations that the participants faced (Section 6.2). The other two themes are presented in the following two chapters. Each of the subthemes and nodes have been elaborated with appropriate quotes from the interviews, followed by the interpretation of the researcher to each major subtheme and nodes. Following the interpretation, a common discussion on adversities has been presented in section 6.3. The chapter ends with a summary (Section 6.4).

6.2 Results and Interpretation

The findings reported in this chapter and in the following two chapters were elicited through a life narrative outline given by McAdams (20011). Details of the interview guide used are presented in Appendix 2. The procedure used to carry out the interviews was presented in Chapter 5. As mentioned in the previous chapter, the transcript of each interview was analysed using Nvivo 10. Themes were derived from predetermined categories raised to be studied in the research, along with any new information that was found grounded in the data. The analysis went through versions of redrafting and re-categorising the themes, subthemes and nodes. The categories that emerged were: adversities, coping strategies and changes following adversities. A summary of these themes, along with subthemes and nodes is presented in Table 6.1, and their detailed description and interpretation is presented in this chapter and in chapters 7 and 8. The section is organised on the basis of theme and subthemes. Several quotes from the interviews could have been mentioned to elaborate on the themes, but only critical examples are presented. Quotations have been marked with pseudonyms of the participants, along with the digits representing line numbers of their English translated transcripts.

6.2.1 Adversities

The theme of adversities involved various kinds of tough or difficult situations faced by the participants. The kinds of adversities experienced varied from one participant to another. Nonetheless, the majority of the women experienced multiple adversities. The common sub themes associated with adversities were: (a) adversities based in historical times; (b) hardships of poverty; and (c) role-based subjugation.

Table 6.1 Summary of Themes, Subthemes and Nodes

	Themes
1	Adversities
	1 a) Adversities based in Historical Times
	1 b) Hardships of poverty
	i. Inadequate Finances
	ii. Poor and Expensive Health Care
	iii. Inadequate Housing
	1 c) Role based subjugation
	i. Unwanted Daughters
	ii. Abused Wives and Rejected Widows
	iii. Ageing and Maltreated Mothers
2	Coping Strategies
	2 a) Emotion Focused Coping
	i. Religion
	ii. Positive Interpretation
	iii. Venting
	2 b) Problem Focused Coping
	i. Planning
	ii. Problem Solving
	iii. Seeking Instrumental Supports
3	Changes Following Adversities
	3 a) Negative Changes
	i. Worry
	ii. Grief
	iii. Somatic Complaints
	iv. Depressogenic Thought
	3 b) Positive Changes
	i. Change in self
	ii. Change in Philosophy

6.2.1.1 Adversities based in Historical Times

This theme involved traumatic incidents that have marked the history of India. These events are some of the gruesome riots and communal fights that made it to global news when they happened. Some of these events were: the communal riots of 1982 in Assam between Hindus and Muslims, the Punjab riots in 1984 between Sikhs and Muslims after the assassination of the then Prime Minister Mrs. Indira Gandhi, the 1990 Terrorist Attacks in Bombay, and communal upheaval during 1972, when India provided shelter to tortured Bangladeshi immigrants from the erstwhile East Pakistan.

Participants who experienced or witnessed brutal communal fights reported terrifying experiences of bloodshed, mass migration and multiple losses. Uma vividly elaborated such a scene; *"There was a riot in Assam. That time my father had been shot by four bullets. There were holes in my father's body. Then he (a Muslim man) started saying "Atmadatt babu (referring to the father), you leave this place and go to North India. Because the Muslim community here will kill you. The Assamese are going to kill you", and he kept on saying that // And those people (hooligans) set our house on fire. We could not save anything. And we did not have any place or any utensil to eat in. Did not have clothes to wear*" (Uma, 5-10, 12-15).

Similarly, another participant witnessed a communal riot in the 1990 and lost her father to it. "*He had a fight with my mother and had left home. They both were living in my house then for 15 days. After that my condition had become worse. He had left home and was staying in a hotel. When he was coming back, there was a communal riot going on in Mumbai. It was 1992. It was December then. It was then that he left home and was killed in that riot. We could get his body only*" (Jaya, 21-26).

There was a small section of women in the study who had come from Bangladesh during the partition of East and West Pakistan. Some of them had memories of the riots that erupted during the independence of East Pakistan. For example, one of the participants recollected the multiple moves from one place to another as refugees in search of a safe shelter. *"There were riots in*

1972. So, then we left Bangladesh and came to Kolkatta (Eastern India). So, then for 6 months I stayed in Allahabad (North India) here. Then went back to Kolkatta (East India) again. They (the government) said they will send us back to Bangladesh, then Pakistan." (Anu, 6-10).

Similarly, in another interview one of the participants reported how the sincerely attained sense of settlement was disturbed by the Punjab riots in 1984 and made them leave their home overnight; "*I was born in Nimach in Madhya Pradesh// Near Ghaziabad, my father was a foreman. He used to work in a factory which manufactured bulbs. He was foreman there. He worked there. After leaving Ghaziabad, we went to Punjab. We moved there. We shifted in Punjab. Mother used to work there and mother was with him. He bought his land. Good enough land, that there was lot of space. We had land in the name of all three brothers and sisters. Three brothers and a sister we were. Sorry, two brothers and one sister. So, minimum it was 200 by 200 yards. So in total it was 600 yards and then we had one built up house with a good enough garden//then my mother used to work at the CMO's office. He must have seen some expertise in my mother because he offered her a job as a nurse; she was trained there and got a government job. So, my mother got a government job and in the same hospital//Then what happened was when there was a fight between Hindus and Muslims there in Punjab the situation got worse and we had to leave the place within a night. We three siblings were young. We didn't have much knowledge. So we all moved to Vrindavan leaving everything behind and to start all over again."* (Kajal, 14, 30-40, 55-58).

Overall, the effects of witnessing the communal riots that are placed historically in the lives of participants were severe because they involved mass killing, destruction, loss of property, loss of ancestral roots, relations, established identity and the comfort of home. These events can be interpreted as extraordinary, emotionally overwhelming and personally uncontrollable life events, warranting traumatic reactions, if not a full trauma related psychiatric diagnosis (Van der Kolk, 1987). Thus, to avoid any confusion and include personal experiences which were "not so traumatic", the term 'adversities' has been used in the theme.

6.2.1.2 Hardships of Poverty

The second major sub theme that emerged across narratives was poverty faced by the participants. The deprivation was faced in various forms by different participants. The various manifestations of deprivation - inadequate housing, poor health care, starvation, and malnutrition, were linked to lack of monetary resources. Lack of money, probably, was the reason why a majority of the participants spiralled down to the more deprived status of being homeless and reliant on government assistance. Government assistance was a relief for few of the participants. Dependence on public assistance made the homeless participants more vulnerable and victims of further subjugation in society, through irregular pensions, corruption and exploitation. The issues faced by the participants were labelled as hardships, as they do not qualify as traumatic events according to DSM, but put serious accumulative stress on individuals.

Inadequate Finances **-** Modest salaries, financial crunches and penniless situations leading to starvation were some of the situations faced by participants prior to coming to the ashram. Some participants reported inadequate finances, even after being on government pension schemes.

The majority of the participants shared that they came from poor families from a rural background; "*Earlier they did farming. Now it [the farm] has been sold, when their situation worsened"* (Jayanti, 9).

Starvation, though a rarely reported incidence, was shared by one of the participants as; *"I didn't have a single penny. I had to go through so much pain. I was starving for 6 days. I was hungry for 5 continuous days."*(Rama, 114-115).

Inadequate earnings were reported as a major barrier in raising children, as Mithlesh narrated; "*My husband didn't earn and we had a major financial crunch. I had four kids with me then and I used to work in other households for two rupees to pay back the rent of the house. Daughter! You will not understand, but it was an extremely tough time. I worked really hard to pass that time! Really hard!*" (Mithlesh, 58-60).

The financial situation was reported to be the same, even when participants reported to be in the government pension scheme. Kusum reported about the irregular pensions; *"I am not getting a pension. And they have stopped money for my food for last 8-9 months. That is a different matter. That they are giving out of their own will. And this money from the Government is my right. Then, they said that now you won't get money // in the last two years, women have got money 4-5 times, I have not got it a single time. Then she (warden) assured me that I would get it. She told me this and then nothing. What should I do now, daughter?*" (Kusum, 105-108, 109-111).

Similarly, another participant reported a delay of her pension; *"I have been staying here for 1.5 years but have not received a pension yet. And 2 times I have got money for food. Now, the 3rd- 4th month is running. I have not got any money for food also since then. You tell me how this will go on? I don't have money to offer God Prasad"* (Anu, 604-607).

Financial scarcity seemed to have run across participants' life spans from childhood to their present situation at ashrams. Further to this, low cash flow is interpreted as partially responsible for poor health care and inadequate housing, as elaborated in next two sections.

Poor and Expensive Health Care **-** Due to the lack of resources, adequate health care was not easily reachable. This was a reflection of a poorly reachable and expensive medical service, as resonated by Manu; "*He had pneumonia twice. I was poor and my parents were also poor. At first, he was alright but then he died because we couldn't get him proper treatment" (Manu, 17-20).* A high infant mortality rate and poor health awareness were other issues reported by the participants. One of the participants reported that 5 new born siblings passed away due to poor health care for her pregnant mother. Similarly, Geeta reported the loss of her mother in child delivery, "*When I was 20 my mother passed away. She died during the delivery though the baby survived*" (Geeta Bai, 49-50).

The poor health care was not only limited to physical health but to mental health as well. Lack of awareness about mental health issues was prevalent.

Participants reported misguided mental illnesses as black magic that required alternate treatment. For instance, Parvati reported "*After two children, my husband started getting fits - mental. So, we could not understand, what that was.//So, we started the treatment. In the village, people say different things. Pray somewhere, this is God's curse, this and that." (Partvati, 18-19, 22- 23).*

Similarly, Rama narrated her experience of nursing her husband's mental illness for 13 years; *"I could never understand. He used to run away in night and in the day and used to say that the CBI is doing a check on him. He had some sort of trauma // He was given something to eat by someone. He was ill for 12 years. Then in the 13th year he passed away."* (Rama, 286-287, 294-295).

Poor health care though was the dominant theme in their past and present life circumstances in ashram. Many reported health as their priority and a significant share of their pension and savings went into consulting different doctors. Many reported doubting the effect of free medical services offered by the ashrams. This probably reflected self-preservation by the participants that no one else would take care of them, now that they were homeless. This also reflected that they didn't have any other responsibility and obligation to take care in their families.

Inadequate Housing **-** Inadequate housing was reported either as a constant struggle faced by their families back home or as a major complaint in the dilapidated ashram accommodations or, for some participants, both.

Housing issues were severe enough to mean no shelter at all in some cases, as mentioned by Manu; *"I had two daughters. I took my daughters and left my parents' house. I stayed at the railway station platform for three days, three nights"* (Manu, 22-24). Some other participants reported inadequate houses to keep them safe and to protect against bad weather, fire and robbery. Uma shared an incident related to inadequate housing during the rainy season "*Whenever it rained, the whole rented house got wet. The whole bed used to get wet. How would I then work in the kitchen? This was the condition of my*

house."(Uma, 569-571). Lack of adequate accommodation was also reported as a reflection of one's economic status and had an impact on social standing in society; for instance, Basanti couldn't find a matrimonial match for her son because of their financial standing in the society.

One of the women also reported lack of shelter, after she was enrolled into the shelter home, when the ashram was under complete renovation. According to her women were asked to evacuate the building for two years and search for independent rented houses. The lack of a rehabilitation plan was reported to be a major problem for elderly women; "*the last two years were in a rented house, because this building was getting renovated. It was closed here and we had to pay a rent of 300-400 rupees for each month. There was no electricity, no latrine, no water. I borrowed from other people to pay rent. Like other people I can't work because of my old age and she (daughter in law diagnosed with mental retardation) is in no condition to go out for household work."* (Shifali, 68-73).

Facilities at the shelter homes were also reported as inadequate, as they couldn't offer a well ventilated, spacious and warm place for the destitute. *"But it's not a comfortable life here. There is very tiny space given to each of us. You should come and see inside.// Oh! you have seen already. So you know, how tiny the space is. This is not enough. Now you have your cot in the same space. Then you have stove to cook and then utensils and then you will sit also somewhere. It's not enough"* (Mithlesh, 107, 110-112). Meera reported a shortage of water supply, which adds to the conflict between the residents; *"There is the problem of water. People fight for water. I have to tolerate all this"* (Meera, 239). Janki reported inadequate facilities to deal with the winters*; "We need warmer clothes. We get stuff on charity. They are not warm enough. It would be nice if NGOs or the Government could get us warm shoes, shawls.// If they could make provision for hot water."* (Janki, 20-21, 26).

Accommodation, therefore, was reported to be a major issue. However, as it appeared, accommodation was an issue for participants depending on the life that they had lived before. For the most deprived participants, the facilities seemed comparatively better and for some it was a salvation as the charity

collected annually was saved for the families back home in poverty stricken areas.

Overall, the subtheme of hardships of poverty reflected the lack of adequate finances which made participants penniless. In comparison to the nineteen studies presented in the review (Table 3.5) on traumatic histories, only a handful reported economic reasons as traumatic reasons. For example, Bassuk et al., (1986) reported that 57% of the participants reported eviction, non-payment and crowding as reasons for homelessness. Mariott et.al, (2007) reported that only 28% presented unemployment as the traumatic reason for homelessness. Similarly, Schuster et al., (2011) reported that only 8.7% of participants considered financial strains as a traumatic reason for homelessness.

Comparisons with the three studies reveal two important points. First, less than half report economic reasons as the traumatic incidences contributing to homelessness, while in the present study all participants had economic reasons to quote for their homeless condition in one form or other – penniless situation, poor health care or no/inadequate housing. Probably, this reflects the economic divide between the countries. All three studies quoted above are from the UK and USA, where poverty is not prevalent, as it is in India. Second, the three studies above also report a decline of economic reasons in causing homelessness. From 57% in 1987, it was only 8.7% in 2011. This also reflects that financial concerns might be a diminishing factor for homelessness. This could be because of the effective rehabilitation scheme and programmes that run for the vulnerable population in developed countries.

However, if comparisons were to be made with previous literature on the same population, then 90% had been reported to be living below the poverty line (GBP 1.7), with no washroom or electricity (National Commission for Women - India, 2011). Even when 77% of them have been reported to be relying on charity, multiple jobs, pensions and bhajjans in Vrindavan, they still report to be paupers despite their efforts (Rai, 2010).

No accommodation or inadequate space to live can be substantiated by the socially constructed approach of homelessness (Chamberlain & Mackenzie, 1992). As per the definition people were living without conventional

accommodation, such as living in a railway station, moving between places, living in shelter homes and living in houses with less than adequate facilities like proper ventilation, space and hygiene, as reported by the participants.

Another important comparison to the studies mentioned in the review of literature reflects that studies done in the west reported chronic health issues – physical or psychiatric as reasons for homelessness (Mariott et al., 1997; North & Smith, 1992; Nyamathi, leake & Gelberg, 2000). In the context of the present study, it was poor accessibility and expensive health care which was reported as a problem, which further relates to the poverty that exists in India.

6.2.1.3 Role based Subjugation

The roles narrated in the narratives were - daughter, wife, widow and ageing mother. Corresponding to each role, there were certain tortures that were integrated in the nature of the role. As illustrated in the quotes, the roles led to their subjugation, often in a socially acceptable manner.

Unwanted Daughter – The memories of being a daughter were reported with multiple emotions. Some reported positive experiences, but a majority reported negative experiences of being a daughter. For instance, Kajal reported; "*I was the apple of my parents' eye. I was pampered in my childhood. I mean, there are many people who are not happy with daughters born in their family, but my parents really adored me.*" (Kajal, 17-18). However, many others reported being neglected by their families in childhood, as shared by Ratan; *"So we were with our step mother. She had two or three kids. She used to give good food to her children and leftovers to us. We used to pick coal, wood and cow dung in our life a lot; we had seen lot of pains in our lives. So, our father, he was an alcoholic, gambler. So like this he used to be in his own world and never thought about us."* (Ratan, 4-10).

The relations narrated with the parents have been dichotomously positive or negative in the interviews. Even if positive, the socialising and bringing up of the daughters can be interpreted as crippling. As daughters they were relatively less exposed to education and less prepared for real life in comparison to boys. They were domesticated to take care of homes. They were married off and burdened with marital responsibilities early in life. Even if loved as children of

the house, they were socially trained and tamed to be a good daughter in law or wife but not a self-reliant individual.

Abused Wife and Rejected Widows - The relation of a woman in the context of her husband played a central role in participants' narratives. This was primarily a reflection of the patriarchal Indian society. As it emerged from the narratives of the participants, marital status could be interpreted as a double edged sword. Women, married or widowed, had to face difficulties. When married they reported multiple issues with their husbands, and when their husbands died, they were subjected to various other issues at the hands of extended family and society. The torture of being a widow was reported to be so severe that some participants preferred being abused by the husbands than being harassed as a widow. Dependence on their husband and his identity was so critical for the participants' existence that that abuse was justified.

The issues reported by the majority of the participants with their husbands were either the husband's indulgence in alcohol, gambling and extra marital relations, or the wife's infertility. The former issue was reported more often than the latter, as Kiran narrated her reasons for separation; "*After marriage, I stayed in his house for one year. Every day we used to fight. Because he used to eat meat and drink alcohol. He had all the bad qualities – gambling, was involved with other women. Money was wasted on these things. I was troubled. I was unhappy."* (Kiran, 41-43).

The second issue of infertility was reported as a lost battle, as wives had to let go of their husbands to re-marry as they couldn't give birth to children, as narrated by Shivani; "*I had problems, because I had no children. I had given birth to a child who had died.// This is his duty. When he has children, then our family would be complete. We two women would stay together. But this does not happen in this world. If someone else comes, then the other has to go*." (Shivani, 10, 16-18)

An understanding of this suffering as a wife can be drawn from the sequence of dependent young girl, thrown into the marital life rooted in an environment with tight resources, controlled by the males of the family. The inability of the

males to provide resources and accommodate the needs of their wives made them helpless and frustrated. In both the cases men had a contributing hand in the suffering of women. Women were dependent on men to be accepted and loved. Men had a choice in taking care of their wives but wives had no choice but to serve their husbands well or be rejected.

Taught to be submissive and domesticated, the death of the husband suddenly brought participants to the world of reality and survival. Unaware of land rights and property rights they were manipulated, cheated, threatened and denied of their own share by the family members. Meera narrated her experience of being cheated "*I had a small house which was taken by my husband's elder brother's son by getting my thumbprint, after my husband died."* (Meera, 213)

With the death of the husband, widow's status as a family member in the husband's house was stated to fade away. She is neglected and mistreated in the family. Suman narrated her situation as, *"My in laws said that we wouldn't be able to move with her and leaving her here in the rented house would not be safe and nice. So, if you (my brothers) could take me to Bhatinda. // Sister in laws don't have any affection for people like me. Otherwise I would have stayed with them.// But sisters in laws' behaviour is not nice. It is better to stay away, because even brothers get troubled in the process. So what's the point?"* (Suman, 80-82, 151-152, 168-170).

Participants reported the loss of status that the marital status of women brought; like Rammurty, who reported a loss of power, "*The rule and power I had, that had gone with him. It was very painful."* (Rammurty, 112-113). Similarly, Suman reported a loss of respect; "*Without a husband there is no respect. Without a husband it's not good. // It's like a punishment."*(Suman, 89 & 91). Some participants also reported a loss of choice in eating and dressing up the way they wanted, "*Even if he didn't provide food, clothes or shelter. He was still husband. I used to wear bangles, bindi (red dot on forehead) and sindur (red colour put in hair as a symbol of married status) while he was alive. I had to leave all that after his death."* (Shifali, 226-228).

In contrast to the narratives presented above, the younger participants reported a change with time, where they don't agree to the restrictions of widowhood

and don't follow them. Some remarried and expressed intentions to remarry as well.

In addition, there were some participants who were single women. They were reported to be orphans in the study, estranged from family dynamics and the status of being someone's wife. With the death of parents and no support from extended family, they were usually left to fend for themselves. For instance, Radha, being born in a city worked as a full time domestic help all her life, and moved to Vrindavan when she couldn't serve families because of her age. On the other hand, Jawitri, born in a rural environment, turned into a '*Yogini*'(saint lady) to fend for herself. All her life she kept travelling and begging, and at old age, she decided to retire in Vrindavan when she couldn't manage her physical disability with her old age.

Ageing and Maltreated Mother – The ageing phase of participants was narrated as the role which broke them physically and emotionally. The majority of the participants reported declining health as illustrated by one of the participants; "*No I am unwell most of the time. I feel cold. However, I have got my X-ray done. A doctor had come from Delhi. I then had consulted him. Then, he gave me medicine. But, there is no improvement. There is a stench that comes from me. // There is pain in my stomach. My stomach is upset mostly. I don't have one problem daughter, I have many problems. I can't lift weight. I can't lift even this weight."* (Basanti, 145-146, 178-179)

A significant number of elderly participants reported a negative attitude of their adult children towards them. However, this could also be interpreted as bitterness towards children by mothers.

Misbehaviour, neglect, abuse, generation gap and property conflicts were reported by the participants. The sub-theme of maltreated and abused can be presented through an extract from an interview with Ashrafi, "*After my husband passed away, then my daughters in law - two of them, said that the whole world dies, women turn into prostitutes but this old lady doesn't die and eats every festival"* (Ashrafi, 5-6). There was a general sense of rejection and neglect from families and not just children; *"These are the same people who*

used to talk with affection, love and respect earlier. Now they don't even bother to even check on me. They don't even talk to me directly." (Mithlesh, 225). Likewise Parvati reported that her sons neglected and threatened to kill her to keep her away from her share of the property; "*First when we used to try (to get property), they (sons) threatened to kill us (the participant and her two daughters) // We used to grow pulses and wheat. They used to give it to others but never to us."* (Parvati, 162 &165).

Overall, the subtheme within the major theme of adversities, named role based subjugation, can be interpreted keeping in mind the way children are socialised in Indian society. In Indian culture, women is considered second to men. She is given second priority in comparison to any boy in the family. The difference lies in practicality because daughters are to be married off. There is no benefit that the family of origin gets out of daughters, in comparison to sons who earn bread and take care of parents when they grow old. Therefore any investment in terms of education, property and fostering independent thinking are saved for boys and males in families.

Once married, she becomes the shadow of her husband. Issues like alcohol, gambling, poor money management, unemployment, infidelity, abuse, lack of support and neglect by the husband bring disappointment and frustration. The husband, being the head of the family in this patriarchal society, has access to money and is in charge of earning money. When men could not earn or manage money for the families, disappointment and frustration were caused. Participants never prepared or encouraged to earn money had no option but to stay helpless. Therefore, participants were the recipient of cultural submission, helplessness and torture.

Good or bad, the presence of the husband is important, as stated by some participants, as with the death of the husband she loses her identity. She loses her power and standing in the family. She has to follow dietary restrictions, dress code, shave her head and give up jewellery and makeup. Her sexuality becomes a major threat to society. Therefore, she needs to follow these restrictions by appearing ugly and unattractive to men in society (Lamb, 2000). Chakravarti (1993) called the practice of tonsure (shaved head) a form of

symbolic castration. Hostility from her in laws and lack of support from family of origin makes her feel an "unwanted insider" (Shrivastav, 2002). She becomes the inauspicious, inconsequential, insecure and third grade citizen (Giri, 2002) Therefore, the death of the husband is not only limited to the loss of a companion but forces the widow to face a "social death" (Chakarwati & Gill 2001).

Living as a dependent all her life, suddenly she is thrown into the world of reality, where she is neither prepared to handle finances nor educated enough to earn bread for the surviving family and therefore spirals down into further economic deprivation (Khanna, 2002). Taking advantage of her vulnerability, extended families deceive her by taking charge of it for their own benefits and then disinherit her from her own share (Sekhar, 2011; Basu, 1999). Patri (2002) psycho-social analysis of widows in India very comprehensively points out patrilocality, patrilineal inheritance, a reluctant remarriage system, restricting employment opportunities, maintenance - dependence issues and barbaric practices as some of the reasons for the terrible conditions of widows in India.

Though the narratives of younger participants revealed that remarriage was an option, rarely did women in the narratives opt to remarry. The narratives of younger participants also revealed the acceptance of divorce and family support. The narratives were more liberating as the participants were more educated to take up skilled jobs and have support and awareness to move out of a bad marriage instead of suffering in it. This reflects a social change, as stated by Upadhyay (2002) in an essay named "Widows in India: Today and Yesterday".

Twice tortured, first being a woman and then a widow, elderly status adds a third set of role-based problems. Being an orphan and physically disabled added to another layer of vulnerability. They probably become the most marginalised section of society (Rana & Misra, 2010). Raheja, (1988) talked about the process of the elderly in the family moving into a periphery of family life, where younger generations take over the central role of the family. This structural, functional and social change in the lives of the elderly makes them more excluded with the withdrawal of the privileges of running a family. This

leads to the elderly being disengaged, isolated, unproductive and dependent on family members. Though in earlier days, it happened as a matter of respect, in recent times it seems to cause another set of problems with limited resources available to the families. Demands set down by urbanisation and modernisation (Lamb, 2000), somewhat destroyed the traditional values of united families and left the elderly in the families more dependent, vulnerable and subjected to a dry attitude by adult children. In *Discipline and Punishment* (1979), Michel Foucault has also mentioned the negative construction of dependence in old age. According to him, in a modern industrial society people have been defined in terms of their ability to produce wealth and the means of their own subsistence; anything less is disciplined or despised, like elderly widows in the present study. Cohen (1998) states that this situation of ageing is partially due to the number of aged increasing and there being less desire to care for them. Therefore, all over, a rapidly aging population continues to stretch the ability of families to provide support for the elderly (Kaplan & Chadha, 2004). Homelessness adds a fourth suffering of being left uncared for at such an advanced stage by the family.

6.3 Discussion

In overall discussion of the first theme named 'Adversities', it can be stated that the participants had been through multiple challenges in their lives, which was also reported by Schuster et al. (2011), where three quarters of the participants in their study faced multiple traumas.

The subtheme of deprivation in its various forms has also been reported in previous literature in the form of financial strains and unemployment (Schuster et al., 2011; Marriott et al., 1997). Though, dearth of financial resources was more prevalent in the present study, in comparison to previous literature based in western world. Poor health care, as found in present study, has also been reflected in previous studies with the homeless (Tsai et al., 2012), though accessibility was not an issue like it was in the present study. Inadequate housing in the form of poorly maintained houses and problems faced in shelter homes like ventilation and crowding was also reported by the other, earlier

studies (Crosgrove & Flynn, 2005; Averitt, 2003; Menke & Wagner, 1997; Padgett & Struening, 1992).

Role based subjugation involved neglect and abuse in childhood, which was also reported by other studies in the form of a lack of support from families (Ingram, Corning & Schmidt, 1996), dysfunctional families unable to take care of younger ones at home (Nyamathi et al., 2000), neglect and abuse (Bassuk & Rosenberg, 1988; Wood et al., 1990; Bassuk et al., 1986). Interpersonal violence in adult marital relations has also been reported in earlier studies, as was found in the nodes of abused wives (Schuster et al., 2011; Mertain & Mohr, 2000; Browne & Bassuk, 1997; Lavesser et al., 1997; D'Ercole & Struening, 1990).

Though most of the adversities have also been reported in previous literature, communal riots and adversities faced by elderly homeless widows was unique to the population studied.

In reflection to the previous study by the researcher with the same population, the theme of adversity was presented under the heading of challenges faced by the participants in their lives. The present study corroborates the subtheme of patriarchy, manifested in family dynamics, ageism and widow neglect (Rana & Misra, 2011). Interestingly, the theme of poverty and historical adversities did not emerge in the six interviews that were attempted earlier. This could probably be attributed to the fact that all six participants were from the Brahmin Caste from Uttar Pradesh and Madhya Pradesh (States in North and Central India), which had a better economic condition than other states and castes in India. Both the states are primarily Hindu dominated and geographically not placed in conflicted areas, therefore no specific historical issues were reported. The present study included participants from conflict areas like Assam and important cities from India like Mumbai and Delhi, which are always at higher risk for any harm to the nation.

In addition, the theme also presented that some of the adversities were sudden and overwhelming, like communal riots, while others were more gradual and existed as a general reality for the participants, like poverty and the patriarchal set up. Poverty, along with their gender, made participants into a marginalized

section in society. Since they were the most vulnerable set of women, they were easily manipulated, cheated and hassled by the government system as well as reported on by the National Commission of Women (2010) and Guild of Service – UNIFEM (2010, 2007), mentioned in Chapter 1.

The present finding on multiple adversities fits into the theories of homelessness offered by Goodman, Saxe & Harvey, 1991; Milburn & D'ercole 1991; and Harvey, 2002. The sudden or gradual loss of home, neighbours, routine and social roles leaves people vulnerable. It causes loss of safety, predictability and control of one's life. In addition, the cumulative effect of the multiple factors like poverty, unstable housing, ethnic issues, inadequate pension, lack of support from family, victimized histories and health issues form a risk for homelessness (Milburn & D'Ercole, 1991). This spirals the homeless people into further misery.

In conclusion, adverse traumatic events experienced by the participants of the study were unique to the set culture that they lived in. Though not all experiences could be qualified as intense enough to cause clinical trauma (post-traumatic stress disorder), these still can't be ignored as non-traumatic, and therefore not warranting any concerns. The negative incidences narrated by participants were adversities, which inflicted pain and suffering. These instances probably had relatively less lethal, yet accumulative, effects on individuals.

6.4 Summary

This chapter has presented the overview of analysis and three themes. The present chapter elaborated on the first major theme – Adversities. The adversities encompassed historical incidences like communal riots and upheaval. It also included the subthemes of poverty, where inadequate housing, financial crunches and poor accessibility to health care and expensive medical care were found. The third and final subtheme was role based subjugation in patriarchal set up. Within this sub-theme participants reported being unwanted daughters, abused wives, rejected widows and maltreated ageing mothers. Out of all adversities communal disharmony, poor accessibility of health care and

maltreatment of ageing mothers were additionally found in present study, unlike previous studies. The present chapter reports the cumulative effect of multiple adversities on the participants, which posed risk factors for being homeless. The next chapter elaborates on the second major theme from the analysis – Coping Strategies.

7 Thematic Analysis: Coping Strategies

7.1 Chapter Overview

The present chapter is an extension of thematic analysis presenting analysis of the second major theme - coping strategies. The theme refers to the ways in which participants dealt with difficult situations (Section 7.2). The subthemes have been elaborated and substantiated with appropriate quotes in the chapter and the researcher's interpretation. Section 7.3 discusses the overall theme of coping strategies with special focus on religion. This section brings in previous literature to support research findings. The chapter ends with a summary in section 7.4.

7.2 Results and Interpretation

The findings reported in this chapter were elicited through life narratives. Details on the procedure used to carry out the interviews were presented in Chapter 5. Nvivo 10 was used to analyse the interviews. The thematic analysis was carried out using Braun and Clarke (2006). The categories that emerged were: adversities, coping strategies and changes following adversities. The adversities theme was presented in the previous chapter, the present chapter presents coping strategies, and the next chapter presents the third theme of changes following adversities. A summary of the coping strategies theme, along with subthemes and nodes is presented in Table 7.1, and their detailed description and interpretation is presented in the following paragraphs of this chapter. The section is organized on the basis of theme and subthemes. Critical quotes from the interviews have been used to elaborate on the themes and subthemes. Quotations have been marked with pseudonyms of the participants, along with the digits presenting line numbers from English translated transcripts.

Table 7.1 Summary of Second Theme – Coping Strategies

Themes
Coping Strategies
Emotion Focused Coping
i. Religion
• Philosophy of Karma
• Religious Activities
• Acceptance
• God Image
ii. Positive Interpretation
iii. Venting
Problem Focused Coping
i. Planning
ii. Problem solving
iii. Seeking Instrumental Support

7.2.1 Coping Strategies

Various strategies to cope with participants' life circumstances were reported by the participants. The theme of coping strategies had two major subthemes; (a) Emotion focused coping; and (b) Problem focused coping. All participants used mixtures of emotion focused and problem focused coping strategies, depending on their life situations, stressors and their personalities. The master narrative represents a mixture of coping strategies, with more inclination towards the emotion- focused strategies. Religion emerged as the major coping strategy used by the majority of the participants.

7.2.1.1 Emotion Focused Coping

The emotion focused coping reflected the ways of the participants where they changed the way they felt and thought about the stressful situation in order to deal with the stress. Therefore, emotion focused coping was found to be reported in cases where the situations or stressor were beyond the personal control of the participants.

The nodes within the subtheme of emotion focused coping were: (a) religion; (b) positive interpretation; and (c) Venting

Religion - Religion, as an emotion focused coping strategy, was the most commonly reported coping strategy by the participants. The common nodes reported within religion by the participants were: (a) philosophy of karma; (b) religious activities; (c) acceptance; and (d) image of god. The following paragraphs elaborate on each of them in order.

Philosophy of Karma- The theme of philosophy of karma revolves around the participants' understanding of why they have had a tough life. It involves further components: (a) sins; (b) cycle of re-birth; and (c) pre written destiny. All sub-nodes related to the sub theme are described below.

Sins - Participants commonly described bad deeds from previous lives causing them suffering in this life, as illustrated by one of the participants, "*I must have done something bad in my last life or this life. So, I will have to pay for those bad deeds now. Why do you think I am here despite the fact that I have 2 flats in Mumbai."* (Jaya, 249-250)

Participants reported a direct relationship between their actions and suffering in their present life. "*What I have understood is that I must have had done bad /wrong things in my past life and this life possibly. Therefore, God gave me this pain*."(Rama, 196-197).

Participants also reported that they didn't want their situation to deteriorate by committing sins and then facing further consequences of their actions. *"It all depends on my actions. Whatever I sow, I will get that in return. I know that. Therefore I say, Lord please don't make me do any sin, Just that!"* (Ashrafi, 362-363).

Further, the suffering that participants had to go through were in terms of death of family members, sickness or being homeless "*There were two major sad events—one when my son died and another when my husband died. And third, that my body is not well. I must have committed a lot of sins. I am repenting for all my sins." (Meera, 449-451).*

Thus, sins referred to the bad deeds done in past and were reported to have implications on sufferings faced in present and future. Psychologically, suffering was attributed to the bad actions in past.

Cycle of Karma - One the participants summarized the cycle of Karma, where she says that the universe lies within the god and he knows everything and controls everything, even human lives. Humans have no choice in that regard and will have to go through the consequences of their own bad actions. *"There is nothing that we can do or choose. We have done something terrible in our previous birth, so we will have to face it here. Till there is life in us, we will have to face it."* (Jaya, 233-238)

Another participant mentioned about Moksha (Salvation). The participant feared about being born again on earth, if one stayed attached to human relations. Prayers, Bhajans and meditation were mentioned as ways to keep reminding self of the god and therefore of reaching salvation. *"After being born as a human, everyone is entitled to reach moksha. But then ask him (the Lord) for it. If you are worth moksha you will get it but don't wait for it or ask for it. Look we read Gita, do bhajans and do meditation and all. This will*

remind us of the Lord in our last stages but if we had attachment in our last stages with anyone else then it is less likely that we would reach moksha. And we are more likely to be born again on earth. So I hope that I get moksha but it all depends on if he gives me moksha or not." (Kusum, 230-235).

Thus, the cycle of karma explains that implication of bad actions in past can be undone by religious actions and salvation can be achieved. Participants described that there is a prewritten life plan for each living organism. These plans are written by god. Humans live according to these plans - good or bad events. The bad actions in the past need to be repaid in the future through suffering. This suffering could be anything – the death of a partner or children; loss of property; deprivation or poor health. Only by good deeds can we have good live. Only humans are entitled to move out of this cycle. To move out of this cycle one needs to devote oneself to the Lord. This gives humans salvation from the birth-rebirth cycle and therefore from all human miseries. Otherwise, humans keep rotating from birth to rebirth.

Pre written destiny - Participants believed that human lives have been already written in a set format. The events will happen in that same sequence and there is nothing that humans can do about it. For instance, in the following quote, the interviewee narrated an episode from Ramayana (a mythological text), where King Ram was about to be made king, when his step mother asked Rama's father to instead make her own son the king. The king couldn't deny her wish because he had promised to fulfil three of her wishes in return for her saving the king's life in a war. The participant in the quotes questions why Rama's step-mother asked for her wishes just before the ceremony. Why couldn't she have asked some other time and the participant answers this question by reasoning pre-destined lives.

"*Things were supposed to happen and that is why they have happened. Now what can happen or change thinking about them. There is nothing wrong in thinking on your own. But if I think I will do and roam around tomorrow here and there and will have all fun. That need not happen! Only if it is supposed to happen, it will happen. Otherwise not! Like in Ramayana, Lord Rama was supposed to be declared king but then that moment itself in that moment*

*Manthara's (step mother) mind turned negative and she asked for her sons right and didn't let Lord Rama become the king and in return he got exile for 14 years. Kaikai (biological mother) loved Ram more but then why did she decide to take her wishes in that moment itself. She could have done earlier or later but why then? Because things are written and they happen like that. Therefore, Lord Ram didn't become a king then. Like that nothing happens with our wishes. He will do what he wants, nothing that we can do in that. Our thinking will not change anything."(*Kusum, 166-176)

In another extract, another participant reiterated the same belief that life is pre-written and there is no way to avoid it. However, she presented an interesting analogy of a skull with old age life. According to her a skull (useless like an old person, according to the participant), will not meet its last dissolving stage, until its final death arrives. Similarly, the participant anticipated that more things were written in her life that would happen eventually, as a reflection of being functional and alive at such an advanced age. *"We have got a written story for us in our destiny. We will have to face all that. Can't avoid that. I feel there is still more for me in store. Therefore, I am alive. I would like to narrate a small story here. There was a man who was going somewhere. He happens to stumble on a skull. While coming back the same thing happened. The man said there needs to be connection if this is happening every time. So he took the skull with him and kept it in one of the dark rooms of his house. Then he used to tell other people that I have got one skull like that someone should do something about it. But no one did anything. Then one day during festive season of Diwali, his wife was cleaning the house. She found this skull as well. She realised this skull has been coming into the picture again and again. So she decided to do something about it. She decided to crush it away. While she was doing something like that, her husband walked in and said what you are doing. She said crushing the skull. Then husband said right, possibly this too was left for the skull to experience and therefore it was roaming around even after death. So therefore, I feel there is still something left for me and therefore I am still alive"* (Mithlesh, 251-276).

Overall, the religious philosophy of karma gave them intellectual insight into their life and suffering. The theme of the 'cycle of karma' revolves around the

participants' understanding of why they have had a tough life. Participants had an understanding that their wrong actions or sins in past have bought them present suffering. People have little control on this, as god has already written a life plan for all humans. Therefore, people cannot escape this, but can attain salvation and exit human life and sufferings through religious path. This cycle of karma seems to have offered an orienting system, within which participants had grown into. This system offered them an easily accessible and convincing framework to interpret one's life (Pargement, 1997). It also offered suggestions on how to carry on life and seemly had a positive impact on the participants. As one of the ways to undo the bad deeds of karma, religious observances were suggested, as mentioned in the next node.

Observance **-** Participants reported being involved in various religious activities- prayers, fasting, religious lectures, bhajjans, meditation and reading religious texts. Some participants reported following some of the religious activities since childhood, which reflects that religion had always been a part of their lives.

These activities could also be interpreted as mental and behavioral disengagement to cope with the problems. These activities took their mind off the problems, as narrated by Lalita, *"When we go out to do bhajjans here- we dance and we sing. I do it more silently. Every lady here does it. This all helps our problems disappear. That's all!"(Lalita, 167-168*).

Similarly, Uma, reported the calmness brought by praying; *"Praying to God helped my mind stay a little calm*" (Uma, 565). Following religious activities had the additional behavioural function of scheduling and keeping their days occupied and giving away no time to dwell on the past. The prayers were not limited to chanting but personal conversations, filled with requests and questions*. "I only pray this, O Krishna! There is no one to give me even a glass of water. Please give me liberation here only*" (Meera,176). Prayers also helped them surrender the self to the god; "*I liked radhe-radhe. When I came earlier I prayed to the Lord and said you do something and bring me here please*" (Padmawati, 32-33).

An extract from Radha, reflected prayers as a way to communicate with god to

negotiate and request what troubles were fine and what troubles she would not want in her life; *"I keep praying God that I want to die with my legs active. That's the only blessing that I ask for from god. Because he has been with me always. He didn't give me many problems. I had been happy so far. Whether I got married or not, that's all fine. But I wouldn't want my legs to go bad at all (laughing). That's it.! If he gives me something else that's also fine. If he gives me more money. I will take, I will use it. I will buy better clothes (laughing) but I don't want lot of clothes and jewellery. I will be fine without them, but don't want my legs to suffer. That's it (laughing)"* (Radha, 236-242)

Meditation was another religious activity that some of the participants reported to be involved in. The following quote narrated her spiritual experience of meditation "*Three times I had reached there. When you concentrate and meditate. You reach a point where you see brahma (universe) right in front of you. There is a time for few minutes when you get to see that while meditating. In those 5 minutes you can know anything you feel like that. It has happened thrice. Twice in Shirdi and once here while doing chanting*" (Jaya, 375-379)

Many reported reading religious texts and attending religious discourses as part of their religious observance. Fasting was another important observance that participants followed commonly. These observations were commonly followed since childhood. Kusum stated "*Since childhood I believed in a lot of devotion in the Lord and surrender. Otherwise also I was someone who would follow fasts and observe religious activities.*"(Kusum, 109-110)

Overall, within the philosophical framework of karma, religious observance was seen as a way out of human suffering. Thus, religious activities reflected secondary control, i.e., change in self. In the absence of any change to the stressor or environment (primary control), religion helped in engaging secondary control. Religious observations in the form of prayers and participating in rituals offered sense of mastery in absence of any control over unpredictable life (Hood et al., 2009). At a social level, participation in rituals also offered space to identify with others in religious groups who had suffered in their own ways (Brewer, 1997). As Durkheim (1965) says, rituals help

individuals unite with the social world and maintain group harmony and cohesion (Idler, 2013).

Acceptance –Surrender versus Passivity **-** Some of the quotes reflected the sense of acceptance in the context of religion. Participants reported acceptance in two different ways. First, acceptance of God's will by the participants and second, acceptance of participants by God. The former acceptance reflected surrender and compliance to God's plan for an individual's life, as also mentioned in the cycle of karma earlier (Pages 128-131). The latter acceptance referred to the sense of being accepted and blessed by God.

The narrative of Meera reflects the sense of being protected and accepted by God; "*It is because of Lord Krishna's grace that I am living in a good way, otherwise I might have been roaming mad on the streets."(Meera, 198-199)* The participant further shared an anecdote of being protected from cold as a symbol of being blessed by the Lord: "*Last year during the winter, I had gone to visit Govardhan temple in the morning and came back by evening. When I came back, I felt as if I had suffered a cold stroke. I did not have shawl. Then, the priest in the temple gave me shawl. So, now I believe that anything I want, I get due to grace of God. Now, I don't have tension in getting food*." (Meera, 290-293). She also felt the hand of the Lord in helping her grow and become an independent person *"Now I am not afraid to go anywhere. Now I go alone to visit the Govardhan temple and go alone to Vrindavan. Now I am not afraid that anyone would do something to me.// There has been the grace of Lord Krishna and Radha Rani upon me"* (Meera, 284-287).

Acceptance as the coping strategy also emerged in the form of passivity and surrender in the non-religious context. There was an evident surrendered passivity to the difficult situations in childhood and the adolescent period, which to some extent reflected helplessness. This is demonstrated through an extract from Ratana's interview; *"So, our father. He was an alcoholic - gambler. So, like this he used to be in his own world and never thought about us. So, what could we do? I was a female! Where could I go? So my father got me married immediately after 12 years of age"* (Ratana, 9-12).

Passive surrender was probably an expectation and the only way that young girls in families could achieve attention and affection from others in the family, as it can be inferred from the quote of Kajal, where she took over the role of substitute mother to her younger siblings, which Indian society expects the female child to take from very early in life. In her case more so because that was an unsaid demand put on her, which she gave in to mechanically in order to be appreciated by family.

In the way acceptance of parental values, demands and expectations can be interpreted from the quotes above, a similar interpretation can be drawn for religion. Religion can be viewed as another form of dependence, where participants are victims of God's plan and therefore more vulnerable and bearing pre-destined pain without retaliating. The sense of control of the participants was inferred to be external. This could be equated with either "deferring" mode (Pargement, 1997) or "surrender" mode (Maynard, Gorsuch & Bjorck, 2001). The external locus of control was probably because of the fact that participants couldn't be sure that things would be alright in the end; but piety became the substitute for self-effort, through indirect control like prayers and rituals (Hood et al., 2009; Johnson & Spilka, 1991).

Image of God **-** Lord Krishna was perceived in various roles in different narratives. However, there were three different major images that emerged out of the narratives. The first was the image of the Lord as a universal master. The second was the image of the Lord as a guide and guardian, and the third was that of the God as a substitute for lost human relations, primarily missing relationship with male figures from participants' respective lives.

All participants unanimously believed that God is the creator and master mind behind everything that happens around in the world and their lives. God is portrayed as a universal master. Like Jaya reported **"***God didn't let me die. I tried to hang myself from the ceiling fan, but my feet touched ground. I could not hang myself like that. Whatever you see or not see is all because of him. Everything is his manifestation. Whatever happens to us happens with his approval. Even if it is bad, it's because of him because he wants you to learn something from it." (Jaya,17-21)*

Another participant resonated the same idea by showing blind faith in the God, who knows what is right for the participant *"It depends on Lord Thakur(Krishna). Whatever he would do, will happen. There is nothing that I will be able to do about it. It's all in his hands."* (Janki, 114-115)

In some other interviews the Lord is portrayed as a personal guide, sole support and guardian. One of the participants envisaged the Lord as a guide to show them the way in difficult times "*I did not do much. When I left home having faith in God, I had completely surrendered myself. So He shows me the way and my path gets well made"* (Kiran, 520-521).

Others reported the Lord as final resort and sole support; "*He (husband) had no interest in my calls or me. Whether I called or not, it didn't matter to him. So then what was there for me in that marriage? I had no other option but to become a religious person"* (Jaya, 117-118).

Similarly, some believed god to be the care giver of them in all conditions *"Then the bank manager told me, mother you should be worried about your daily bread (Participant's son took bank loan on the participants name and did not pay back the money to bank). I said I don't need to worry about the bread. My Lord Krishna is taking care of everything for me. I never will have to cry for bread*" (Ashrafi,191-193).

There were some narratives where the Lord was seen as a substitute for male support in their lives. For example, Ratna reported that she disallowed her husband of any right over her and considered Lord Krishna as her husband from that day "in *extreme pain I told him, I will never consider you as my husband. If I call anyone my husband it would be Girdhar (Krishna). In his feet I will live my life like a dasi (Lord's servant) and I left home*" (Ratna, 29-31).

In another narrative, the participant reported seeing Lord Krishna like a son in the night asking about her health. In a few of the narratives women in retrospect reported being helped by Lord Krishna as strangers – police men, rickshaw puller or station master. For example, Radha in retrospect perceived a rickshaw puller as Lord Krishna, who helped her in the dark rainy night to reach the ashram in Vrindavan. "*The rickshaw guy was a young boy. He was*

sleeping in his home, when he was called to take me to the orphanage. I couldn't even see him properly in the night. He said mother don't worry, I will drop you at the right place. I said OKson. So I gave both of them 200 rupees. I thought I am soon going to be an orphan, what will I do with this money. Then they said no mother, don't give so much money. So we left there. Whenever the rickshaw used to stop in the middle anywhere, I used to tell that boy, that son, don't drop me anywhere in the middle. He said no mother, don't worry. He took me here (ashram) and called for the watch man and said please open the gate. This mother has come here with great difficulty, at least give her a chair to sit on and after that I will leave the campus. So, I gave the rickshaw boy 200 rupees. The watchman asked me 'mother from where have you come that has cost you 200 rupees?' I said Mathura. Then he didn't say anything and I also didn't say anything. After that the rickshaw boy left. In that moment I didn't even think of asking for his phone number. And he went away in the dark night, in heavy rain. So, I don't know who got me here that night. He (God) only got me here; that's how I see it."(Radha, 89- 105).

Similarly, the Lord was also seen as a role model to channel one's energies into spiritual growth instead of being wasted in family life, as Jayanti narrated*; "Nirvikar devotion, That God was a Brahmchari (bachelor) amongst all the Gopis (Infatuated women). And he was Nirankar- Nirvikari. Did you understand? I asked God to give me devotion, I did not ask for Maya. So, God gave me devotion"* (Jayanti, 39-41).

Lord Krishna was also seen as the universal judge, doing justice when injustice has been done to anyone. For example, Ratna reported that the Lord took revenge on the participant's behalf; "*What my husband would do- today he would throw the Lord's idol, tomorrow he would kick the Lord's food. Then what he would do, he would get drunk and make fish in front of the Lord's temple. He would torture a lot. Like this he kept doing, doing and doing. Then, finally my lord Giriraj got very angry at him. From all sides snakes circled him, then he ran for his life. Then he wasn't home for long*." (Ratna, 51-55).

Similarly, participants reported how the Lord did justice to the pain that was caused to her by a relative by making the relative suffer for his bad deeds;

"When I got to know, I went to Lord Krishna and told him to look after me. Injustice was being done to me. Lord Krishna heard me. After 2-3 days. He was also of bad character. He used to go to a village called Pakarwa. He used to go in the night and go to his job in the morning. He never considered his wife as his wife. So, some 10 people beat him up so much that now he can't even urinate. They broke his body. So, when you have true faith in the Lord, he helps you. My son said that see, he had abused my innocent mother, he had lied; that is why God punished him. Even today he uses a cot for the physically handicapped." (Parvati, 215-222).

An interpretation of such emotional bonding can be extended from cultural analysis, Indian girls have a different upbringing to boys. Girls are from the start made to take over the parent role for the younger siblings, as it prepares them for married life. They seek their father's attention, but because of patriarchal distancing he is never available, though her identity in society is based on her father. When she gets married, she seeks her husband's attention to fill in the developmental need. However, husbands also disappoint them for various reasons. Then they seek for sons born to them, so that they can fulfill the unmet emotional needs. However, when sons look for independence, the void remains even at the last stages of life.

By this point, individuals have gone through multiple stressors, disappointments and feel completely broken, like in the case of the participants of the study. They desperately and unconsciously search for a substitute. At this disintegrated stage comes a strong yearning for a support. Lord Krishna, in the case of the participants, becomes the cultural symbol (Kakkar, 1982). The present analysis can be substantiated by Granqvist and Kirkpatrick's (2013) compensatory hypothesis. The hypothesis suggests that when people's psychological needs are not met, a relationship with God tends to compensate for the void. Rana and Misra (2011) also found that the destitute widows of Vrindavan substituted lord Krishna for the lost relationships.

Religion was the most dominant node with emotion focused coping because of three reasons. One, the religious inclination of the participants because of being born in land of multiple religions (India), where every child is born and

brought up in one or other religion. Second, the religious inclination was further deepened with stressful life circumstances. Third, the religious significance of Vrindavan where participants were based also had an influence. Religion as an overarching coping skill had an influence on other coping skills, like venting (page 140-141).

Positive Interpretation - Positive interpretation of the negative events was another emotional coping strategy reported by the participants. Positive interpretation refers to relooking at a negative event in a positive light.

For instance, Janki reported; "*If he was there then I would have died and my children would have been surviving on begging around."* (Janki, 188-191). Janki reported that if her abusive husband had not abandoned her, she would have been beaten to death and her children would have become homeless without her. Therefore, now when she looks back at her life, she feels whatever negative happened, had something good stored in it.

Similarly, Parvati reported an alternate positive interpretation of internal dynamics at the ashram; "*I explain to them (other residents), when so many people live together, they are likely to fight. The way dishes when kept together make noise. It's natural, I think rather than counting negatives in the ashrams, everyone should count their blessings.*" Parvati tried explaining the interpersonal issues through a hindi proverb, which meant when people live together they are bound to have issues with each other and normalise the interpersonal issues.

Positive interpretation though not very often reported, was also found to link to the participant's disposition to be more optimism, as was reflected through the overall life story. In general, positive interpretation of the negative events in the past helped participants reflect back on their past and consolidate the findings at later stages of life. It is inferred to have given them a sense of integrity. This helped them to make peace with the past and also gave a way of looking at the present and making plans for future, as presented through the quotes mentioned above.

Venting - Venting was another type of emotion focused coping found across the narratives. It refers to outward expression of emotions, usually in the presence of others like friends and family to seek comfort. For example, Kajal reported breaking her silence of being abused repeatedly by in-laws to undo her guilt of being wrong and seeked comfort in her family members; "*I shared everything, everything that had happened. I revealed everything, so that no one would have said anything wrong about me, because people might have said rubbish behind my back. If I was wrong, I wouldn't have said anything like this. I was very relieved after sharing this."*(Kajal, 330-333).

Like the quote above, other participants also primarily mentioned about venting out their frustration and anger. Venting helped participants feel being heard, supported and empathised with. It also offered them being accepted. In many occasions it offered an outlet for long pent up feelings. However, the outward expression of emotions on a few occasions manifested in maladaptive manners like verbal aggression, physical violence and anger directed towards the self in the form of suicidal attempts. This maladaptive expression of emotions will be elaborated in the theme of negative changes mentioned in Chapter 9 (page 156-157).

However, there were many participants who reported to not share personal pains with others as it made them more vulnerable. For instance, Geeta mentioned that when she moved into the ashram, she was open about her tragic life of being the only survivor in the family. However, later in times of arguments and fights, her room-mates would hurt her by blaming her for her family's death and call her inauspicious for being the only one surviving; *"You ate(killed) everyone in your family"*(Geeta, 321). This made Geeta say that sharing her personal life made her more vulnerable for further hurt and suffering. In this context, lord Krishna was seen as a non judgemental companion, as mentioned in node of 'image of god' (Page 135).

Thus, the theme of venting was about sharing and displacing negative emotions, in an attempt to be heard, empathised and accepted. However, a few participants reported not being well received by others and in return left them with a feeling of being more vulnerable to hurt.

Overall, the emotion focused coping emerged as the more often used coping strategy. Religion was the dominant of all and also had influence on venting as well. In absence of any non judgemental human support to hear and understand the participants, god was seen as a non judgemental support.

7.2.1.2 Problem Focused Coping

Problem focused coping was seen as a way of coping where participants, unlike emotional coping, targeted the problem to reduce the stress. It involved subthemes: (a) planning; (b) problem solving; and (c) seeking instrumental support.

Planning – Planning refers to participants' attempts to think about how to handle the stressor or problem. For example, Padmavati reported making advance plans to save money in the bank and to have spare money for her cremation as depicted through the following quotes from her narrative;

"*P – I don't have anyone. I doubt if my son will also come to do my last rituals. I am not sure if people here will also cremate me properly.*

N- You seem to be worried about your death and cremation.

P- Yes daughter! If I fall ill that I am bed ridden. I know no one will take care of me. Only if I have money will people serve me. Don't tell anyone, I have been thinking to save little by little. If I save 200 Rupees every month, I can have decent money in next few months for my last rituals. I don't tell anyone because the money might get stolen. Ok daughter, tell me how I can save money in the bank? I wish to keep my money safe for rainy days, now that I know nobody will help me without money." (Padmavati, 269-278).

Similarly, Kiran during her interview shared her plan of action in order to retain her residential status at ashram following a fight with ashram warden. She had planned to seek help from other ashrams, meet the NGO head and the government official at the ashram. On same lines Kajal reported planning her vocation and skill building training following her divorce with her husband in order to sustain self and her children.

Planning as a coping strategy helped participants draw a roadmap for achieving their goals. It also gave sense of personal control to the participants while developing a plan of action while dealing with the stressors. This also helped participants stay prepared for an anticipated or an ongoing stressor.

Though, planning a node within problem focused coping, was not the most frequently reported strategy in the narratives of the participants. This could have been because of the patriarchal set up. In the patriarchal set up that the women lived their lives within homes; they were rarely in the situation where they were in charge of major decision making. Therefore, planning was rarely exhibited. Another reason could have been the kind of stressors they went through like loss, death, and neglect. They had little control over them, therefore planning wouldn't have been an appropriate coping skill in the long run.

Problem Solving – Problem solving referred to attempts to solve the problem actively by taking actions. Parvati, for instance, in the times of her husband's sickness, decided to get him treated even if that meant moving out of the village and moving out of her comfort zone; *"So, my husband started getting fits like this. I got to know this after a long time. So, we started the treatment. In villages, people tell you different things. Pray somewhere, this is God's curse, this and that. So, we kept getting him treated. We tried all possible alternates to get him treated. Then I moved from one city to another to get better treatments in hospitals. " (Parvati, 22-26).*

Similarly, Ratna after being battered and harassed by her husband decided that she would not let her husband come to the house and bother her and her children. Many other participants reported actively seeking solutions for it. Even the idea of moving out of home was reported as a problem solving by Kusum, in her narrative. After frequent fights that had started cropping with her family, she looked for various alternates like spending time in religious discourses, then visiting her daughters, not escalating fights, and many more. Finally, after trying different solutions to stop and avoid fights, she decided to move to Vrindavan to maintain family peace. In her narrative, it was problem

solving because she looked at the problem as systemic and structural demand on the family, where the elderly had to look for a solution for the whole family.

Problem solving as the quotes and examples reflect in above paragraphs involved developing various alternates to a real life problem, evaluating effectiveness of those alternates to attain desired results for the problems that the participants faced. Like planning, problem solving also offered a sense of control over the situation by the mere fact that they could act on solutions to get desired results.

Planning and problem solving, interpreted as essential sequels to seeking solution to problems, offer two observations in context of present study. One, women didn't resort to problem solving while they were taken care of by the men in the families. It was when men in the family were either no more or were against them that they were pushed into solving their own problems. Second, the personal resources had an important role to play while choosing problem focused coping. Young age and health status apparently played an important role in planning, mobilising resources and acting on practical solutions.

Seeking Instrumental Support - Seeking instrumental support meant seeking help in tangible forms from others, like borrowing money, seeking relevant information about pensions or banking, asking for free travel, and asking for simple favours like requesting free calls. Seeking instrumental support was another common coping strategy that the participants resorted to in times of stress.

Urmila, when she left her home 23 years ago, had no contact with her family and was suffering from polio and spinal injury. She actively formed new relations and maintained them. She often seeked help from one of a stranger who once dropped her to ashram out of pity. She, over a period, has maintained that relationship and often called him to deliver some medicines and essentials at regular intervals; *"I have adopted a son. He also serves me. I called him the day before yesterday*" (Urmila, 53-55).

Ratna also reported that she left home for good without any money and boarded the train without a ticket. She asked for help from the ticket master and police man at the station, who played an instrumental role in hassle free travel for her. Similarly, Shanti, when she was suffering from a kidney stone, asked for help from the warden. In her narrative, the warden's husband played an instrumental role in her surgery. Many others reported seeking that similar help from extended family, friends, government officials, wardens and strangers. Even the researcher during the interviews was approached to seek help in terms of how to receive pensions or bring them more charity or help them to be heard by the higher authorities through the researcher.

Another reason why instrumental support was more often resorted to was because of a lack of awareness, for which they had to rely on others for information and knowledge. In addition, the marginal status of these women being elderly, old and homeless made it difficult for them to get help themselves, therefore seeking help through others was imperative.

To sum up, the node of problem focused coping was another set of coping. Planning, looking for solutions and seeking instrumental support were reported to be helpful in situations where problems and goals well defined, outcomes were tangible and control could be exerted in such situations.

7.3 Discussion

Emotion focused coping and problem focused coping emerged from the thematic analysis, in present chapter. Both the coping styles are called as the approach oriented coping style (Patterson & Joseph, 2007). This means that individuals in face of adversities appraise the situation in a way that warrants action in order to make things better (Folkman & Moskowitz, 2004). These actions could be either directed towards resolving the problem itself or directed towards self change - how one feels and thinks about the problem. The present chapter has elucidated religion, positive interpretation and venting as ways used to seek emotional coping. Planning, problem solving and instrumental support were found as the set of problem focused coping used by the participants.

The distinct contribution of religious coping can be teased out with the present population, because of the religious orientation of the participants and the religious significance of Vrindavan. Overall, religion helped participants create meaning to the chaotic lives that they had. The role of religion in the process of meaning- making can be substantiated by attribution theory – meaning making framework (Hood et al., 2009). The socialization into religion since childhood offered an easily accessible orienting system to the participants (Pargement, 1997). Chan and Rhodes (2013) found pre trauma religious orientation had an indirect effect on post traumatic growth through positive religious coping in a study with 492 female hurricane survivors. In addition, the demographic characteristics of being homeless, illiterate, women and in some cases elderly as well made them a marganalised group, who had no access to any other framework or orientation (Pargament, 1997). Female gender has been found to have indirect effect on growth through positive religious coping (Gerber et al., 2011). Hensler et al., (2013) also reported the theme of "deeping of faith" in the face of crisis of 25 fathers of cancer survivors.

Thus, religion offered a context within which meaning was made out of suffering and pain through the philosophy of karma within Hinduism. Previous literature also supports the role of religion in meaning making. For instance, Park (2005) found using religion offered meaning to reframe loss in a sample of bereaved college students. Similarly, Bosson et al., (2012) found that deliberate ruminations or cognitive processing fully mediated the relationship between religious coping and growth following the hurricane. Qualitative study by Denny et al., (2011) with 13 cancer survivors also revealed the theme of meaning making in post-traumatic spiritual growth.

In addition, the previous literature has thrown light on the fact that negative religious coping has been more consistent with growth following various adversities, in the long term. Werdel et al., (2014) reported that higher religious struggle is reflected in negative religious coping. The religious struggle causes automatic ruminations, which pushes cognitive processing and thus meaning making and post traumatic growth (Gall et al., 2011). The review of literature presented a clear distinction between positive and negative religious coping,

especially in quantitative studies. However, the present study didn't make such a distinction from the analysis given the qualitative nature of the study. Similarly, another study reported a strengthening of relations in times of crisis, for instance Hensler et. al., reported that family members reported becoming closer in times of crisis such as facing cancer in children. However, the present study reported something different, likely because the sample of the present study was homeless and social bonds with family were already cut.

All religious observances followed by participants play a critical role in the relationship between adversities and growth. Multiple psychological methods such as serenity, distraction, communal harmony, sense of unity, conversation with god, and a way to surrender have been reported (Harris et al., 2008). These observances have also placed huge importance on bhakti yoga (Hinduism) as it has been stated as a path to reach salvation and undo sins (Dykstra, 1989).

The present study also offered how the image of lord Krishna and a personal relationship with the god was interpreted as a substitute for lost relations. The finding is supported by the work compensatory hypothesis given by Granqvist and Kirkpatrick (2013). The finding can also be supported by work done by Kakkar (1982). He elaborated the same in the context of relation with religious Gurus in India. Rana and Misra (2011) has also found the same with the same population.

Positive interpretation and venting were other emotional focused coping that helped participants look for the silver lining and share pent up feelings to deal with the negative emotions. Positive interpretation as a coping style, seemed to be influenced by personality factor like optimism (Sceiner, 1986), like in the case of Janki. Her story of life evidently reflected optimism despite of all negatives that she faced in her life. Further, not all coping styles were found helpful. Venting did not turn out best for all participants, as it offered critical comments and rejection from others, rather than being heard and understood by others (Jospeh, 2011b).

Problem focused coping involved planning, seeking alternate solutions to the problem, and evaluating different solutions to real life problems. It also

involved seeking information from others as part of planning and trying different alternates. The problem focused coping helped participants control the stressor through their attempts to plan, try solutions or seek help. Thus it was found to be sorted in times of controllable situations like getting information or seeking treatment (Lazarus & Folkman, 1987). In addition, personal resources like age and health and absence of a male figure seemed to have played an important role. For instance; young women, with good health, with no male support, in face of controllable stressor reported to sort for problem focused coping.

Overall, approach oriented coping – mixture of emotional and problem focused coping were used by the participants. Emotion focused coping was more often used because of the uncontrollable life situations, against which secondary control (change in self) was more helpful. No consistency was found about any specific coping skill that was more often used in face of specific crisis (Lazarus, 1993), apart from the fact that emotion focused coping; especially religious coping was more often reported in life narratives of the participants than problem focused coping.

Religion within emotion focused coping is concluded to have cultural significance in the lives of the participants, which is endowed to them since childhood in the form of religious orientation. It is probable that many Indian Hindus are socialized into it and offered a framework. Situated in a patriarchal society, for women, Krishna becomes the cultural symbol with a healing function to serve. Overall, within the grand plan of destiny, all the adversities are encountered to progress towards divinity. In retrospection, all troubles are seen as grace conspiring for better integration and a better life after death, reflecting the silver lining seen through religion in the mist of terrible life experiences. Therefore, there is a mark of religious coping in the changes following adversities.

7.4 Summary

The present chapter in continuation of the previous chapter has elaborated on the second major theme of thematic analysis, named coping strategies. The

theme has been presented with two major subthemes – emotion focused and problem focused coping. Out of all coping strategies, religion emerged as a major coping skill. Religion has been interpreted and supported from previous literature to have offered a meaningful framework for the participants to understand why they have had a painful life. The philosophy of karma emerged as the religious orientation that participants resorted to in order to make sense of their lives. Various religious observances, acceptance, surrender and the image of God offered paths through which meaning could be achieved. Positive interpretation and venting were other two emotion focused copings found in the analysis. Positive interpretation helped participants review the negative events in positive light and reintegrate in personal story. Personality component of optimism seemed to have played important role in positive interpretation. Venting helped participants share the pent up negative emotions. Interestingly, the venting was preferred in conversations with god, rather than humans because of the fear of being judged. Problem focused coping involved planning, finding solutions and seeking instrumental support. It involved working on solving real life problems by developing a plan of action, looking for alternate solutions, seeking appropriate information from various sources. Use of problem focused coping depended on personal resources (age and health), lack of male support and controllability of the situation. A mixture of emotion and problem focused coping strategies were used by the participants. However, given the unpredictable circumstances of the life events, the analysis suggested use of emotion focused coping more often than problem focused coping. The next chapter presents the third major theme, named changes following adversities.

8 Thematic Analysis: Changes Following Adversities

8.1 Chapter Overview

The present chapter presents the third and last leg of thematic analysis. It presents the analysis of the third theme on changes following adversities. The theme refers to the various changes experienced by the participants following various adversities (Section 8.2). The subthemes have been elaborated and substantiated with appropriate quotes in the chapter and the researcher's interpretation. Section 8.3 discusses the overall theme of changes following adversities. A summary of the chapter is presented in section 8.4.

8.2 Results and Interpretation

Life narratives were used to elicit data for the present chapter, as with the previous two chapters. Chapter 5 contains details on the procedure. Nvivo 10 was used to analyze narratives and Braun and Clarke's content analysis was used to come down to themes. The three main categories that emerged were: adversities, coping strategies and changes following adversities. Previous chapters elaborated on the first two themes, adversities (Chapter 6) and coping strategies (Chapter 7). This chapter in sequence presents the third theme of changes following adversities. A summary of the third theme, along with its subthemes and nodes is presented in Table 8.1, and their detailed description and interpretation is presented in the following pages of the chapter. Further, the chapter is organized on the basis of subthemes and nodes, where critical quotes have been used to substantiate the analysis. Pseudonyms of the participants, along with the line numbers from the transcripts have been mentioned at the end of each quotation.

Table 8.1 Summary of Third Theme –Changes Following Adversities

Theme
Changes Following Adversity
Negative Changes
i. Worry
ii. Grief
iii. Somatic Complaints
iv. Depressogenic Thoughts
Positive Changes
i. Changes in self
• Self Focus/ Change in Priorities
• Autonomy – Freedom
• Confidence – Courage
• Tolerance – adjustment
• Perseverance
ii. Change in Philosophy

8.2.1 Changes Following Adversities

The theme involved changes that were reported by the participants after various kinds of adversities that they had faced in their lives. Such changes have been grouped under negative and positive changes, in the following pages. The changes are not necessarily related to one specific adverse experience.

The negative changes following adversities were multiple negative emotional, physical and cognitive changes that participants reported following various adversities. These were worries, somatic complaints, grief and depressive cognitions. Some negative changes, like grief, are still prevalent in the participants, and cause further mental misery, while other such changes emerged more gradually and had been accumulated from different difficult experiences, and faded away with time as well.

The positive changes following adversities are – change in self (change in priorities, freedom, courage, tolerance, perseverance) and change in philosophical outlook. Some of the positive changes were the reactions to the severe adversities, while others can be argued to occur in the normal course of development. Furthermore, some of the changes, like perseverance, are difficult to differentiate from evident changes following adversity to latent resilient strengths that women already possessed but came to the forefront only in the time of stress. A change in philosophical outlook was primarily derived from the religious coping.

8.2.1.1 Negative changes following adversities

These changes refer to the negative emotional, physical and cognitive changes that were experienced by the participants due to their tough life circumstances. These can be interpreted as the effect of the events that happened in the participant's life, and also reasons for further suffering and adversities. There were a variety of such changes expressed by the participants. The major clusters of such experiences are mentioned below;

Worry - Constant anticipatory worry was a major sub theme that participants commonly shared. The anxiety revolved around the future of their children and

themselves. Participants expressed their discomfort with their unfinished responsibilities as a mother. Basanti reported her constant worry about her children; *"Yes (pause) my life is wasting away thinking about the fate of my children. // Now listen, you are like my own daughter. Now If I don't get you married then how bad will I feel? My daughter is about your age. That is why I am not well thinking about the future of my children."* (Basanti, 23, 50-51).

Worry related to the self involved anxiety about their health in their old age and cremation rituals. Living as a destitute, with barely any connections with family, triggered worries related to being uncared for in days of sickness and ageing. Along with that was the worry of not being cremated according to the Hindu rituals. A quote from Lalita's interview summarises the anxiety related to health, death and cremation rituals; *"And then I think, when I die, who will do the rituals, who will give me a last glass of water? (Her voice went low and started breathing deep and she was crying).//I don't know exactly what will happen to me. But it seems I will go with an illness. My illness is eating me up. Therefore, I know I won't get well. I take so many medicines. I get well for some time and then again back to ill health. I will die like that, and will not get well. That's what I have been thinking."* (Lalita, 145-147, 273-276).

Though the majority of the elderly participants shared their worries related to unfinished responsibilities, death and dying, young and well functioning women didn't express such intense anxieties. Rather they were more focused on preparing for such a situation by investing into their education and vocational training and saving money for the future.

Majority of the participants in their late adulthood and old age, when reviewing their lives till date, seemed to look at the failed opportunities like raising and marrying children well. Probably, severe cut off from family and children also made them personalise failure as mother to an extent that no one would care to cremate them. This left them with feeling of not being useful. This disappointment was expected to cause despair at an old age (Erikson, 1993). The lack of integration of life seemed to have amplified the fear of death and dying.

Grief - The sub theme of grief revolved around the overwhelming responses of the participants to the loss of significant others in the family. Participants reported grief reactions at different kinds of loss. In Lalita's case, the yearning was so strong that she hallucinated about her son. For example, Lalita reported seeing her son (who is dead for last 21 years) in the ashram and therefore was reassured about his well being. She believed that Lord Hanuman had blessed her with that vision. *"I also see my son standing. He doesn't say anything. He goes back. //But he is not in pain. I haven't seen but Lord Hanuman told me. // I also think if he died then let him go. Let it just pass. But then I see him. He comes to me, stands there, does not talk. I see all that and I too can't say anything. //Yes! He does and that is eating me up. And I can see the accident that happened to him. I was not physically present when it happened. But I see it now. That's what is eating me up from inside. That's it! //No, he will not listen. He is dead, he is with the God of Death. He does like that, he doesn't listen to me, he doesn't understand me or who his father was, he has forgotten everything. That's why he doesn't talk or listen. He comes and vanishes away. He doesn't know that I am his mother."* (Lalita, 144-145, 147-148, 208-210, 212-214, 222-225). Similarly, the loss of another participant was so strong that she reported avoidance of home, as home reminded her of her dead son.

The unresolved grief reflected strong yearning for the lost one, hopelessness for future without the lost one and the continuous preoccupation with past memories. The inability to process the loss and the need to have the lost one around, at times also reflected comfort in keeping the grief unresolved, rather than resolving it. This way the lost relation was kept alive (Worden, 2003).

Thus, unresolved grief reflected getting stuck to the deceased person and avoidance of home or anything that reminded loss. This was other dominant node within the negative changes that participants were living with even after decades have passed following the loss.

Somatic Complaints - A few of the participants shared somatic complaints, which are interpreted as psychological in nature. The dominant part of psychosomatic complaints involved feeling ill with no traceable organic reason. It involved multiple pains, loss of consciousness, and sleep issues.

Lalita reported how after her son's death, she has stayed ill and no medical professional has been able to find her problem; *"I take so many medicines and Sulabh (NGO) also provides so much medicine. I get medicines from Mayawati Hospital; even Chaitanya Vihar, the doctor. What has happened to me, no one can find out."* (Lalita, 86-87).

Kajal, also reported her illness was due to the immense tension and stress that she used to be in; *"I used to stay ill more often. Because, I had developed this tension. I had become wasted. My body was a waste then. When you don't feel like eating or drinking and your head is full of tension and you are in a situation where you can't share your feelings and thoughts, then you tell me who can stay healthy"* (Kajal, 173-177).

Geeta reported loss of consciousness, whenever she was critically attacked by other inmates related to her traumatic life history; *"I have been spending money equivalent to four months' wages. I spend thousands of rupees on my medicines. But still I haven't been getting better because this thing has hurt me inside. It doesn't go away (crying).That I ate (killed) everyone in my family and that I will eat (kill) everyone here also. How can people say like that to each other? You ask anyone here, I was unconscious for four hours from six to eleven. I thought that was my last time. Then Chathurwedi and Yashoda (staff members) came, they sprinkled some water on me and don't know what all they kept doing but after 4 hours I became conscious. I don't know what disease I have got. Whenever I listen to something like that I faint. I get cold. Everyone goes and sits outside in groups but I don't go because I fear someone might say something."* (Geeta, 249-257).

There were multiple sleep issues reported by the participants. Some reported an inability to fall asleep; some reported nightmares and sudden waking up. Radha reported the use of sleeping pills to induce sleep on days when she can't sleep; *"Yes, sometimes they (old memories) do bother. Sometimes I can't sleep. I have to take pills"* (Radha , 253). Janki reported negative news or past memories as reasons for insomnia; *"There are days when I can't sleep if there comes some bad news or if I am reminded of earlier days."* (Janki, 265-266). Kiran complained of nightmares during the time when she was seeking

divorce; *"I used to get afraid thinking about that. Even in the night I woke up afraid. My mother used to say, daughter, why are you afraid? I used to shout while in sleep as if I was getting beaten up. I used to shout in my sleep." (Kiran, 105-107).*

Largely, the somatic complaints involved sleep issues, dissociation like symptoms and other multiple vague somatic concerns. These somatic complaints were partially because of the old age that some of the participants were at. However, the somatic complaints which were suspected to be psychological in nature reflected multiple explanations. It probably communicated lack of acceptance of emotional pain as legitimate and therefore, it was symbolically manifested through body (Blaney & Millon, 2008). Though rarely, it also communicated avoidance of obligation, as well, in some cases.

Depressogenic thoughts – Participants reported negative thoughts which reflected depression-like features. This included sadness; negative thoughts in form of helpless, hopeless and worthless; and death wishes.

Sadness- The sense of deep sadness was narrated and experienced by all participants. The moments of intense sadness were reported from the past while narrating their life stories. These were narrated either from the past or were inferred from the emotional breakdowns at the time of interview. Kajal recalled her early days and remembered how she used to cry and feel helpless in her first marriage; *"Now I had no way out, whom could I approach and say when my own husband didn't support me. I got all the more sad. I used to cry all the time. I used to stay under intense stress and tension."* (Kajal, 162-163).

Similarly, Dhanwanti reported sadness when relooking at what all she had lost in her life; *"There is lot of sadness now. My son left me. My husband left me. My property has gone. I adopted my sister's son and gave him all the property. Now, he does not give it to me (crying vehemently)."* (Dhanwanti, 98-99*).*

Another participant reported re-experiencing past pain and sadness while she was narrating her story to the researcher; "*Now, my past pain is getting revived,*

it's coming back (crying). I feel that if I had someone of my own in this world, I wouldn't have been here. I would have gone home. I would have done that and this. I keep thinking like that. I stay in my bed and think like that. They all leave and then the whole hall is empty in the afternoon. She has come from Kolkata, to meet her mother here. She will stay here for few days and she too will leave. Then again I will be alone. No one stays here,everyone goes to bhajjan. Alone I stay in my bed and think all negative,then I cry. Now even eye drops haven't been helping anymore." (Geeta, 34-44).

Negative thoughts - Participants reported helplessness and hopelessness in their life circumstances, such as Dhanwanti, who lost her family to serious illnesses and lost her property to her step son, reported a heightened sense of helplessness because of declining health and life situation; *"I am not sad. I have a good house- two storied. There is electricity and a motor. If you press a button water goes up. But nothing is mine // Now what can I do. I am helpless; I don't have blood in my body.*" (Dhanwanti, 90-91, 92).

Some participants reported a loss of hope that their lives will ever get better in this life time. For example, Geeta narrated her attempts to engage herself in social life but then feels hopeless because of her destiny; *"I get things, eat myself and distribute amongst all. I give it to all. It's just destiny that I can't get away from! Where can I get a better destiny?"* (Geeta, 80-82).

The majority of the participants reported no expectation from the future. A quote from Mithilesh epitomises the idea of a bleak future, where they only await death; "*There is no future now daughter! The past has gone by now. Now some day this body will die, that is it. Nothing more. Now the left over life is for me. Because there is no one my own. So that is it."* (Mithilesh, 289-290).

Death wishes - Associated with depressogenic thoughts were suicidal thoughts, suicidal attempts and death wishes. The helplessness and hopelessness were reported to such an extent by some participants that they attempted suicide. Parvati reported an incidence where she and her daughters planned to commit suicide, "*I have had so many struggles. We three – my daughters and me.*

Sometimes we used to advice each other. Once I brought a packet of sulphas (Poison). And we decided that all three of us would take it. And all three die, because if only I die than my daughters would be without any support. And if my daughters die who will I live for. So, we had decided that all three of us would take sulphas" (Parvati, 260-263).

Many of the participants reported that suicidal thoughts crossed their mind. However, for religious reasons they never materialised their plans into actions, as explained by Geeta in her interview; *"How can I be happy and what can I do? I can't commit suicide also. That is a sin (as per Hindu religion)." (Geeta, 369).*

On other hand Basanti reported death wishes. She didn't think of killing herself, but has been waiting for her death to come; "*When I go to prayer, I get four rupees (Indian Currency). You know these days nothing can be done with four rupees. But, I wish that my time(death) comes quickly. Or else I stay here weeping alone."* (Basanti, 59-60).

Basically, participants had sense of helplessness, hopelessness, worthlessness and at times wish to end everything, in face of overwhelming life situations. This was also expected to bring negative emotion like sadness. In face of multiple uncontrollable adversities, participants felt no emotional and cognitive motivation to control and master the environment. It reflected learned helplessness (Seligman, 1972), which meant multiple past experiences taught them nothing that participants could do to avoid the adversities. Further, the cycle of karma made participants attribute the adversities to internal (self caused), stable (life long) and global (applies to everyone) factors that probably added the sense of helplessness and associated depressive features.
Overall, the subtheme of negative changes can be reported as psychological symptoms. These changes at times were the immediate reaction to an adverse event. However, in some instances, these negative changes were outcome of long standing and gradually accumulative adverse events. For instance; thoughts of suicide emerged after multiple disappointments and adverse events

like death of husband, death of son, deceived for property by close family member and then being pushed out of her own house.

These symptoms also indicate towards various psychiatric diagnoses. However, the important point to be noted here is that rarely participants reported the full cluster of trauma symptoms, warranting diagnosis. Moreover, participants reflected a mixed picture of their symptoms, which are difficult to put in one diagnostic criterion of any illness. Nonetheless, participants in the study had a range of problems that are unclassifiable medically but require attention.

Importantly, the negative changes can also be used and interpreted as 'mental suffering' causing further suffering and therefore justify being clubbed with the first theme of adversities. It groups well with the adversities as 'mental suffering', if not traumatic. Further, the rationale for dividing the subthemes and combining the subthemes into the major theme of adversity was borrowed from Wilkinson's (2005) conceptualisation of "suffering". Suffering, unlike trauma/PTSD, is defined as distress that results from threat or damage to one's body and identity (Anderson, 2013). Anderson in his book "Human Suffering and Quality of Life" mentions three broad categories – physical, mental and social suffering. He also talks about existential suffering but groups it with mental. The taxonomy corroborates well with the findings of the study on difficult life circumstances. Sub-themes like health, death and accidents were associated with the physical suffering of riots and also poverty. Patriarchal manifestations – early marriage as a symbol of the holiness of daughter donation, stigma associated with widowhood, and disengagement of family members with elderly women, were a reflection of social suffering inflicted by the cultural norms and a collectivist society (Klienman et al., 1997). This suffering probably didn't harm the participants physically as much as psychologically (Klienman et al., 1997). Nussbaum (2001) elaborates that the unequal treatment of women in terms of opportunity of education, involvement in decision making, health disadvantages and violence contributes towards the suffering of a nation.

The mental suffering as mentioned by various sociologists co-occurs with physical and social suffering (Livingston, 1998; Morris, 2002; Wilson et al., 2009). For instance, physical injuries like health issues or accidents caused agony in the participants. Similarly, the experience of being a widow or an elderly woman made participants feel rejected and abandoned by their families. Anderson (2013) described mental suffering as cognitive suffering, emotional suffering and existential suffering. The cognitive suffering was reflected in the narratives through signs of hopelessness and suicidal thoughts. The emotional suffering was reflected through strong yearnings, sadness and resentments. The existential suffering was narrated through the participants' questions about why they had such a difficult life or seeking answers in destiny (Langle, 2008).

Thus, negative changes were seen as immediate or accumulative effects of various adversities faced by the participants and caused further mental suffering to the participants.

8.2.1.2 Positive Changes following adversities

Positive changes following adversities revolved around positive changes perceived within themselves and their philosophy.

Changes in self - Changes within self involved self-focus, autonomy, courage, tolerance, and perseverance. These changes reflected change in self concept as individuals went through multiple adversities in life. It essentially showed growing stronger and gathering strength to face future life challenges.

Self Focus - This node presented a marked shift from the family orientation of the participants to prioritising the self. This reflected a change in the choices that participants made for themselves.

An extract from Kajal's narrative very closely reflected the idea of the focus on the self; *"Like earlier I used to think from a wife's and a daughter in law's perspective. I was in that set up – the traditional Indian set up. I was dependent on father, brother, husbands. But now I am free and I give priority to myself and my children. I have abandoned every other thing in life."* (Kajal, 679-681). Similarly, Kusum reported caring about one's own life; *"I thought it's better to*

make your own life free more than anything else. This way they are happy and I will be too" (Kusum, 71-72).

Some participants also mentioned about nurturing self by engaging in hobbies like learning music or investing time and energy into acquiring skills that will help them sustain their lives. Overall, the self focus involved shift of priority to self and self enhancement.

Autonomy – A sense of increased freedom was related to the theme of priority to oneself, but in a slightly different way. This reflected the outcome of being more self reliant. This node of change was specific to the participants' move to Vrindavan. For example, Meera shared how she changed from being a home bound person to an individual who roams around at her will to various temples and places.

The sense of freedom was also reflective of decision making power, as narrated by Kajal; *"Changes, like earlier I used to feel that my life was limited to a room, a suffocating room. There was no freedom and I always craved for that. I wanted to move out of that environment. I didn't like being dependent, ill all the time, not being able to take care of my children. I never liked that self of mine. I used to feel that I was moving in circles. I would come out of one problem and then land in another similar problem. Now, I have grown so confident. I take all my decisions, decisions for my children. I don't like anyone interfering and I don't want it either. I feel good about all this."* (Kajal, 657-662).

Autonomy, therefore, referred to the free will to take self decisions without asking or seeking reassurance from others. This change was reported to be very liberating for many women.

Courage - Participants reflected the confidence at various points in their lives to fight against difficult times, not necessarily after becoming homeless. They narrated incidences where they had put brave faces to tough experiences and took unconventional steps.

Janki narrated heroic incidences where she fought for her rights after her husband abandoned her and other men in the village tried to throw her out of the house in order to take over her property; "*I was no less though. When they came, I got an axe in my hand and started defending myself. I said if you six would hit me, I will not take that passively and I will hit you back with this axe."* (Janki, 172-175).

Similarly, Imrati shared that despite of her medical condition (partial paralysis), she decided to leave her home rather than getting abused by her family. Her journey from her home to the ashram was reported adventurous, as she had no money for food or travel. But her courage to move out of abusive situation and find a safe place as ashram in Vrindavan was commendable. There were multiple incidences of courage in the lives of 34 participants. These incidences of courage reflected confidence on the part of many participants to face challenging situations in life.

Tolerance - Changes related to adjustment and tolerance were reported to have come more gradually. Being more tolerant was also reported as a change by the participants, in retrospect. For example, Radha reported how over the tough experiences of her life she had gradually learnt to be adjusting*; "See, when I was child. When I was the only child of my parents. My father was a big man. He used to work for a bank and we had a business also. He used to buy me big -big cakes made of bread, like a kilogram. I used to cut it in a way that it used to fall down, even the raisins used to fall, but that was no problem. Later I came to my uncles' place in a big family. There was enough food but then gradually I started learning when I started feeling lonely. Similarly, when I went to work I learnt a few other things. When I moved to take care of children in my next job, I learnt many more things. When I could take care of three children being an unmarried woman, I started to learn a lot more things. So, what I am saying is because I am alone and have been to so many places, I now know how to adjust to others."* (Radha, 262-270).

Given the difficult and unpredictable life circumstances of many participants in form of death of parents or partners, poverty that they were born in, and chronic medical condition many had adjusted to tolerate.

Perseverance - This subtheme involved the persistence of the participants to keep fighting through the challenges of the lives that were faced, more specifically the financial struggles that the participants had to fight through, after the death of their partners. As Janki reported; *"I fought all throughout my life and that's how I've survived to date. I have never given up in my life. I never gave up, neither in front of the government nor in front of 1000 men. I never gave up. Even if I had to let go of my life, I would have done that but never gave up. You go and ask anyone in my village. They will say I lived like a man and I fought like a man. That's how I have been. I worked really hard"* (Janki, 322-326).

The interpretation of persistence can be dual – perseverance as a resilience trait or perseverance as growth following adversities. The argument that goes with the former interpretation is that probably participants had this as a latent strength, but it came to the forefront only in the times of adversities. This indicates the resilience qualities of the participants. The argument that goes in favour of the changes following adversity was that since women grew out of their former submissive roles and persistently controlled their situations, this reflects change. Had it been resilience they would have gone back to their dependent and submissive roles. Nonetheless, this argument doesn't deny the existence of perseverance as a latent trait in individuals. There was an attempt to answer the debate between resilience and growth by Tedeschi and Calhoun (2004a). According to them one of the components of changes is personal strength, which indicates that people can develop the strength to handle future stressors because of their prior experiences with the stressors. Therefore, resilient people may also experience growth and positive emotions, as opposed to simply being resistant to pathology.

The debate about what mechanism lies behind resilience as a by-product of growth still lacks empirical evidence and clarity, though the 'toughening hypothesis' suggests that repeated exposure to stressors make an individual inoculated by the experience, just as with practice an athlete builds his stamina. Inoculation happens in intermittent rather than continuous stressors because it gives time to apply effective coping strategies and time to reflect and therefore

leaves an individual with a sense of mastery and efficacy (McEwen, 1998; Rutter, 1987). Thus, it can be commented that adversities and resilience in the present study led to personal growth in the participants.

To sum up the change in self involved expansion and acceptance of self. The shift in focus to "self" corroborates with the dominant theme of changes following adversity mentioned by Jospeh (2011b). This shift means change in self concept and being satisfied with the present self. It emerged as the new possibility (Tedeschi & Calhoun, 1996) for women born into a patriarchal set up. The participants bound within the four walls of the house reported the sense of autonomy experienced by them after they left home. It did not only mean being independent. It also meant being able to exercise free will. Thus, the adversity of leaving home pushed the participants to grow and control their own lives with free will (Jospeh, 2011b). The sense of autonomy relates to one of the psychological needs of individuals that Deci and Ryan (1985) reported in their theory of self determination. Confidence and courage along with self-focus and autonomy reflected taking charge of a situation and acting upon the circumstances. This also reflected courage to face further life challenges through perseverance and growing stronger. Adverse experiences inoculated and prepared the participants to face the future problems more effectively (McEven, 1998). It also reflected personal strength, where people reported self reliance (Tedeschi and Calhoun, 1996). The changes in terms of autonomy and personal growth have also been reported as major products of adversarial growth in literature on psychological well being (Ryff & Singer, 1996).

Change in Philosophical Orientation **–** The second node involved a change in the existential understanding of the self and of human life in general. It involved openness to existential concerns, like contemplating the purpose of life and suffering.

Disillusionment with the material world and the search for eternal support offered existential answers for many, as Ramamurthy narrated; *"I don't believe in anyone apart from Lord Kanhaiya. I don't follow anyone else. Earlier my father and mother gave birth, brought me up and got me married. Then I left*

them to get married. Then my husband passed away and left me. Then with great difficulty I brought up my children. Then my son also left me. So, this all world is like that (a mirage), which is its nature. Everything is an illusion. It's only God which is there with you forever." (Rammurty, 118-122).

Parvati quoted religious extracts to support her philosophy to stay detached; "*Earlier there used to be an obsession- my home, my house, my clothes, my baggage. Now I am losing my obsession with everything. Nothing but just that I get two rotis one or two times, two sarees. The more you stay away from obsession, Lord Krishna says in Gita- the Lord tells Arjuna, the more you stay away from desires, the more peaceful will you be.* " (Parvati, 520-524).

Like these quotes, many participants turned to religion to find answers to their existential concerns and it offered them a new outlook (Aldwin, 1994). The cycle of karma mentioned in religious coping offered meaningful framework as mentioned in chapter 7 (page 129-135) to anchor new outlook (Hood et al., 2009) in absence of any other framework. It offered an understanding that everyone has an individual journey to walk through multiple lives. No attachment to relations or materialistic things carries on to next life but just the count of good and bad deeds. Every action is counted as good or bad, and every bad action requires repayment through suffering. The only way to exit this cycle is to follow religious path with complete surrender. This would lead to salvation from human suffering. This framework offered an outlook to participants that all family members who abandoned or deceived them through life journey, were never meant to be supportive, because the journey is pre-determined by god and that journey is always solo. The suffering in form of communal riots, poverty and role based rejections was the ground of reality for them because of the past bad deeds. Leaving homes was perceived as an act of detachment to devote self completely to the religious path and thus salvation.

Existentially participants faced primordial truth of life which gave them opportunity to look for existential meaning (Frankl, 1959).These existential truths were; life is going to be uncertain, old patterns of self need to be let go, and personal responsibility needs to be taken for choices made. Maslow, (1959) also mentioned that tragic issues force people to take different

perspectives. Thus, openness to religion because of religious orientation and readiness to face existential questions due to various adversities that were faced played an important role in change in philosophy (Batson & Ventis, 1982; Shaw, Joseph & Linley, 2005).

Overall, positive changes following adversities could be seen as a shift in thinking, where religion offered a frame through which meaning could be attained and a new journey was begun where priorities were shifted to the self, which offered autonomy and confidence to the participants to begin a new journey in life. This new journey was found to be driven intrinsically to growing and achieving autonomy. It also involved acceptance of life changes and learning lessons from past experiences and re-defining the meaning in life. The study findings are supported by factors of post traumatic growth mentioned by Jospeh (2011b) in the name of change in self perception and change in perspective in life; and also Tedeschi and Calhoun (1996) factors of growth as personal strengths, new possibility, appreciation for life and spiritual changes.

It is important to mention here that changes reported in the thematic analysis did not mean all participants reported positive or negative changes in the same pattern or proportion. There were evident individual differences. Some narratives were overall inclined towards positive changes, while some were more balancing between the negative and positive, and still some were more inclined towards the negative changes following adversities. For instance, Shanti's reflected thriving through the adversities, while accepting and valuing the changes new life brought. Kajal's narrative reflected the survivor's spirit, where she is trying to reach a balance between positive and negatives, and Lalita's interview reflected her as victims of her son's loss for 21 years. Details on the individual differences probably call for detailed narrative analysis, which has been presented as future implications in Chapter 10. Nonetheless, these different combinations of positive and negative changes, as mentioned earlier, were different for each participant. This, probably, reflected towards the process of shift from victim to survivor to thriving (Jospeh, 2011b).

8.3 Discussion

A discussion on the third theme presented two faces of change following adversities – negative and positive. These were considered as the two sides of change.

The negative changes in the present study reported constant worry, grief, somatic complaints, helplessness, hopelessness, worthlessness, suicidal thoughts and sleep disturbances. The negative changes found in the present study could also be interpreted as signs and symptoms of various psychiatric diagnoses like PTSD, depression and anxiety. However, in the present study these symptoms didn't cluster to full diagnosis, unlike in previous literature (Chapter 3). The difference could be traced to the fact that the sample of homeless women in the review included battered women (Kaysen et al., 2007; Phillip et al., 2006; Mertin & Mohr, 2000) and veteran homeless women (Tsai et al., 2012), which probably inflated the PTSD scores, apart from the methodological issues of using PTSD screening tools for diagnosis.

However, the distress reported by the present study could be better corroborated by a review of the qualitative studies exploring the experiences of homeless women, who reported a mixture of psychological issues like anxiety, depression, mutilation and anger outburst (Kirkman et al., 2014; Huey et al., 2012; Hatton, 1997) as a result of cumulative stress.

The other set of changes reported were positive changes following adversities. The positive changes were interpreted as liberating changes in the participants. Such changes were changes in priorities, enjoying freedom, gradually fostering courage, persistence, tolerance, and a change in the philosophical understanding of human life and suffering.

The previous literature on homeless women was found to be silent about any positive changes following adversities, apart from Stump and Smith (2008), which was not part of the review as it was done with homeless women with substance use. However, the studies using qualitative designs elaborated on the personal experiences of the participants in their studies. Personal strengths like aspirations and goals to upgrade education and look for independence were

reported in the studies by Crosgrove and Flynn, (2005); Averitt (2003); Banyard and Graham-Berman (1998); Thrasher and Mowbray (1995); Hodnicki et al. (1992). Though these studies looked at the personal strengths of the participants, they didn't look from a positive psychology perspective, keeping in mind the assumption that people grow out of negative experiences. Therefore, the present study seems to be the only study done with a non-western population of homeless women looking at the positive changes following adversities.

The changes following adversities, in present study, is conceptualised as a dual faceted construct. This means that negative changes in form of distress caused by the adversity, was seen as a catalyst for transformation leading to positive changes. After an adversity is hit, the immediate aftermaths are negative changes. The negative changes initiate the process of transformation. With processing of negative changes, the undesirable changes, change in their intensity. Thus, negative change is seen as an outcome and also additional problem or aftermath, like in case of complicated grief and psychosomatic complaints. Overtime, with processing positive changes start emerging, in form of change in self and philosophy.

The focus of the transformation is not only getting back to feet but also having fulfilled life after any adversity. Frankl in his book ' Man's search for meaning' believed in finding meaning in nazi death camps. Similarly, adversities gave opportunity to look for existential meaning, in face of homelessness. Participants in such situation were forced to opt for newer outlook for life, after facing multiple adversities. Similarly, Rogers's self actualisation indicates towards personal strengths that help reach best potential, which was reflected through changes in self in the study.

Positive psychology believes that these distressful adversities act as a springboard for well being. This means that change doesn't mean experience of positive emotion, but meaningful engagement with life. It is also called as eudemonic well being or psychological well being (Ryff & Singer, 1996).

Overall, the interpretation of changes following adversities as presented in the third theme of the analysis corroborates with Joseph's conceptualisation of

trauma within a positive psychology framework (Joseph & Linley, 2005). The negative changes are the outcomes of the adversities and also the cause of further suffering. The distress becomes the catalyst for processing and transforming the negatives into positive changes. The three main positive changes, mentioned in different names in literature are – Change in self, change in relationships and change in philosophy. In present study change in self and philosophy were evidently reported but positive relationships were missing given the sample was homeless where the social contacts are severely cut and existing relations are ashram were perceived to be critical and judgemental (Chapter 7).

In addition, the previous study by the researcher with the said population did present the negative experiences of the participants in form of various challenges faced by the women in their lives (Rana & Misra, 2011), but did not look at the aftermath of those challenges on the participants, in the form of psychological suffering and also the positive side of the changes. The present work offers 'blessings in disguise' by presenting the shades of both positive and negative changes, along with an additional insight that negative changes become catalysts for positive changes.

8.4 Summary

The present chapter in continuation of the previous chapter has elaborated on the third major theme of thematic analysis, named 'changes following adversities'. The theme has been presented with two major subthemes – negative changes following adversities and positive changes following adversities. Negative changes involved cognitive, emotional and physical consequences of any stressful situation like grief, somatic complaints, worries and depressogenic thoughts – hopeless, helpless, and worthless. Positive changes involved freedom, courage, persistence and changes in philosophy. The two changes have been found to be complimentary, where the negative changes become a conduit to positive changes leading to psychological well being. The next chapter gathers the discussion from chapter 6, 7 and 8, and builds it further to conclude the fourth and fifth objective of the thesis.

9 Final Discussion and Researcher's Reflections

9.1 Overview

The present chapter presents the discussion of the thesis. Section 9.2 presents the final discussion gathering the important threads across the three analysis chapters. It also presents the model on changes following adversities that emerged from the analysis and then discusses the process of change. Lastly, the section discusses the role of narrative in the process of change. Section 9.4 presents the reflection of the researcher on the process and the impact of the researcher on research and vice versa Finally, Section 9.5 concludes the discussion.

9.2 Final Discussion

This section summarises the major findings that emerged from the thematic analysis, and puts together the discussion that was developed in Chapters 6, 7 and 8 around the different themes. It builds on interconnections amongst the themes, subthemes and nodes, and presents a model that discusses the outcomes and processes of change following adversities. The discussion further elaborates on the role of life narratives in changes experienced by individuals towards the end of discussion.

9.2.1 Adversities

The adversities included three kinds of adversities that were found in the present study. First, the adversities that were based in historical times like the communal riots of 1972, 1982, 1984 and 1990. Witnessing these riots involved mass killing, mass destruction, loss of property, and loss of relations and the comfort of home. These events emerged as highly distressing if not traumatic enough to cause disorder (Van der Kolk, 1987).

Second, the hardships of poverty were found as another major adversity that the study found. It was manifested in multiple forms like inadequate finances, poor healthcare and less than adequate housing. Lack of money caused the worst situations, such as starvation. Poor financial conditions also led to inadequate housing which could not protect people from extreme weather

conditions, fire, robbery, or offer basic hygiene and ventilation. Further, low cash flow also made healthcare expensive. In certain occasions the healthcare was not only expensive but also less accessible.

Third, role based subjugation emerged as a major adversity. This included a sense of neglect as a female child while growing up, as an abused wife after marriage, as a rejected widow after the death of her husband and as a maltreated mother in old age. In some cases, physical disability added vulnerability. Within a patriarchal set up, women were interpreted to be secondary to men in their families. Thus, they were less invested in terms of education and fostering independent living. Once married they were socialised to be husbands'shadow. Therefore, with the demise of the husband, their identity was also lost. Along with the loss of their husband and identity, women lost their power, standing and dignity in society. Certain cultural practices also put restrictions on their diet, dress code and sexuality. Thus, with the loss of their husband, they faced 'social death' (Chakarwati & Gill, 2001), and became an unwanted insider in the families (Shrivastava, 2002). Very often, being illiterate and unaware about their rights, family members deceived them and disinherited the widows from their share of property (Sekhar, 2011). Old age added on the further adversity, as dependence in old age is negatively constructed (Foucault, 1979). With the younger generation in the families taking charge, the elderly usually moved to the periphery, who in return were perceived as disengaged, isolated and unproductive (Raheja, 1998). With urbanisation and modernisation, and a desire for nuclear families, the elderly were left unwelcome (Lamb, 2000). In some situations the tension within families left the elderly in abusive situations as well (Kaplan & Chadha, 2004).

This sample of the study faced multiple adversities like in previous literature (Schuster et al., 2011). Financial strains and inadequate housing run across only a few studies in previous literature because of surplus government allowances in western countries for homeless people, but in present study that was the trademark of homeless population. Other adversities were found to be unique to the culture and population studied. For instance, poor health has been a problem in previous literature, (Tsai et al., 2012) but not accessibility, which was found in the present study. Similarly, communal riots based in historical

times was unique to present study. Role based subjugation was distinctive to the present study and the previous study by the researcher with the same population (Rana & Misra, 2011). Previous studies have looked at family concerns like lack of support (Ingram, Corning & Schmidt, 1996), dysfunctional families (Nyamathi et al., 2000) and abuse (Bassuk et al., 1986; Wood et al., 1990) but not subjugation because of their roles in families. Thus, there were multiple culturally driven adversities that had a cumulative effect on the participants causing intense distress, if not mounting to a clinical diagnosis.

9.2.2 Religious coping

Hood et al. (2009) states that in face of unpredictable and uncontrollable adversities, like mentioned above, individuals opt for secondary control (change in self) in comparison to primary control (change in situation). The same was found in the present study. Participants of the study were found to use emotion- focused coping to deal with unpredictable and uncontrollable life situations (Lazarus & Folkman, 1987). Religion, positive interpretation and venting were the emotion- focused coping methods used by the participants.

The religious orientation of the participants and the religious significance of the Vrindavan played an important role in this preference. Within religious coping, the cycle of karma, religious activities, acceptance-surrender and the image of God were major ways that helped participants cope with adverse experiences.

The philosophy of Karma proposes the supreme power of god, where everything happening in an individual's life is pre planned by god. This plan is dependent on the good and bad deeds done in the present life and previous lives. Sins done in the past are proposed to be undone by suffering in the present. The balance sheet of good and bad continues and suffering goes in cycles, life after life. The only way to exit the cycle is through the path of devotion. This is said to free individuals from birth-rebirth and offer salvation (Prabhupada, 2008). Given that the participants were illiterate and hailed from rural backgrounds, they had no other framework apart from religion that offered an outlook that could help them make sense of their suffering (Pargament, 1997). Socialisation into religion since childhood made religion an

easily accessible framework for the participants. As stated earlier, this framework also offered an exit route to suffering, through devotion.

Devotion involved various religious observances like bhajjans, prayers, meditations, reading religious texts, and attending religious discourses. These activities offered behavioural and mental disengagement from distressing situations. It also offered a schedule that kept participants meaningfully engaged and distracted from the past negative memories. At a social level, these activities offered a sense of connectedness with the religious groups (Brewer, 1997).

Walking the devotional path also meant acceptance of God's plan and complete surrender to God. This seemed like moving locus of control to God when nothing in life seemed under the control of the participants (Maynard, Gorsuch & Bjorck, 2001), apart from indirect control through religious observance (Hood et al., 2009). Further, the relationship with Krishna that emerged as a symbolic relationship offered unconditional acceptance and regard, as it happens in person centred therapeutic alliance (Rogers, 1959). God's image was presented as universal master, guardian and companion. The image of Krishna was found to compensate for the void that loss of a significant other caused in participants' lives (Granquist & Kirkpatrick, 2013). Thus, in multiple ways religion helped cope with distress in the face of unpredictability and uncontrollability.

Positive interpretation, as another emotional coping, helped participants look at the past negative events in positive light. Participants' optimism was found as an important factor in use of positive interpretation. Similarly, venting as emotion coping strategy helped participants being understood and heard by other, but the fear of judgement and critical comments from others made it not so offer used coping style (Jospeh, 2011b).

In the case of controllable situations like seeking treatment and gathering information, problem focused coping was used like problem solving, planning and seeking instrumental support (Folkman & Lazarus, 1987). The age and health of the participants, controllability of situation and lack of male support played important role in use of problem focused coping. This means that young

participants or healthy participants without any male support, in face of situation where stressor could be changed by personal actions, problem focused coping was used.

Overall, there was no consistency in usage of a specific style of coping in specific situation that could be picked from analysis, like mentioned in previous literature (Lazarus, 1993). However, emotion focused coping and more especially religion turned out the most preferred coping style. Religious orientation and religious significance of Vrindavan played an important role.

9.2.3 Changes following adversities

The changes that were experienced following adversities were twofold – positive and negative. Negative changes involved worries, grief, somatic complaints and depressogenic thoughts. Constant worries revolved around anxieties about future, health, death and dying. Some reported worries about unattended kids that they left back home. There were grief issues, where the loss of a close family member was not processed and accepted. Somatic concerns involved psychogenic fainting spells, sleep disturbances and multiple pain issues. Depressogenic thoughts involved negative thoughts of helplessness, hopelessness and worthlessness. It also involved suicidal thoughts and sense of sadness.

All negative changes reflected some signs for psychiatric diagnosis, but none at the level of analysis offered the full cluster of symptoms, warranting specific diagnosis. The majority reported mixed signs, not mounting to a medical disorder but still requiring attention. Anderson (2013) has conceptualised these changes as mental suffering. This includes cognitive and emotional suffering. Depressogenic thoughts reflected cognitive suffering, while a yearning for lost relations, sadness and worries reflected emotional suffering (Langle, 2008).

Previous literature has also reported these signs but as part of a cluster of traumatic disorder. This could be attributed to the fact that a majority of the studies in previous literature looked at the signs and symptoms of battered women (Kysen et al., 2007; Phillip et al., 2006; Mertin & Mohr, 2000) and veteran homeless women who witnessed war trauma (Tsai et al., 2012), who were likely to have a full blown trauma diagnosis because of the tools

(structured PTSD scales) used and also the intensity of adversities that they witnessed. The closer approximation to the present study findings was offered by qualitative studies (Kirkman et al., 2014; Huey et al., 2012; Halton, 1997). These studies resonated with the present study on the subthemes of depression, anxiety and mutilating behaviour (Kirkman et al., 2014; Huey et al., 2012; Halton, 1997).

The sunny side of the changes were positive changes following adversities. These included changes in self and change in philosophy. There was an evident shift in priorities of the participants from family to self. This change was reflected through an eagerness to pick up a vocational training to become independent and pursue a hobby to make life more enriching. Further, the freedom experienced by many participants for the first time as a woman was another major change. Some of the women who had never travelled by themselves outside of their villages were reported to enjoy travelling by themselves to far off places and feel emancipated by exercising their free will. Courage and tolerance was another self change found in the present study. It involved mustering courage to take radical steps like fighting for property against social norms. Perseverance also reflected a positive change that was probably happening throughout their life, which made them resilient to many harsh realities.

Tragedies or adversities are interpreted to push participants to grow and re-evaluate self concept and strive for self actualisation (Rogers, 1959). The sense of autonomy and focus on self found in the present study reflected that movement towards intrinsic growth (Deci & Ryan, 1985), as per self determination theory. These changes offered more courage to face challenges of life and personal strength (Tedeschi & Calhoun, 1996). During adversities their latent strengths like perseverance also came to forefront. This reflected that adversities over a period of time helped participants become more prepared and inoculated for the future stressors (McEven, 1998) and offered a sense of efficacy and mastery (Rutter, 1987).Overall, the change in self resonated the feeling of growing stronger and becoming aware about the latent strength and abilities. This changed the self concept for many of the participants. It further offered them confidence to face new challenges.

The change in philosophy as mentioned earlier in religion and coping offered meaning to suffering and purpose to life. Joseph (2011b) calls the change in philosophy a change in life perspectives. Disappointments with family life were solaced by the frame of religion (cycle of karma). This offered an existential understanding into their suffering (Aldwin, 1994). This involved acceptance of existential truths that life has been uncertain, self needs to be changed and, one needs to take charge of any change and consequences faced (Frankl, 1959). Within the religious philosophy they anchored their suffering to pre-written destiny by god therefore life was expected to be uncertain. However, the present suffering has partial control, as suffering is dependent on their actions (bad deeds) and looked for solution through devotion. Religious coping leading to change in philosophy as a positive change showed how coping helps in the process of changes following adversity.

Qualitative studies, in the absence of any quantitative studies in previous literature, have reported positive changes like self focus and independence (Crosgrove & Flynn, 2005; Averitt, 2003; Banyard & Graham-Berman, 1998; Thrasher & Mowbray, 1995; Hodnicki et al., 1992).

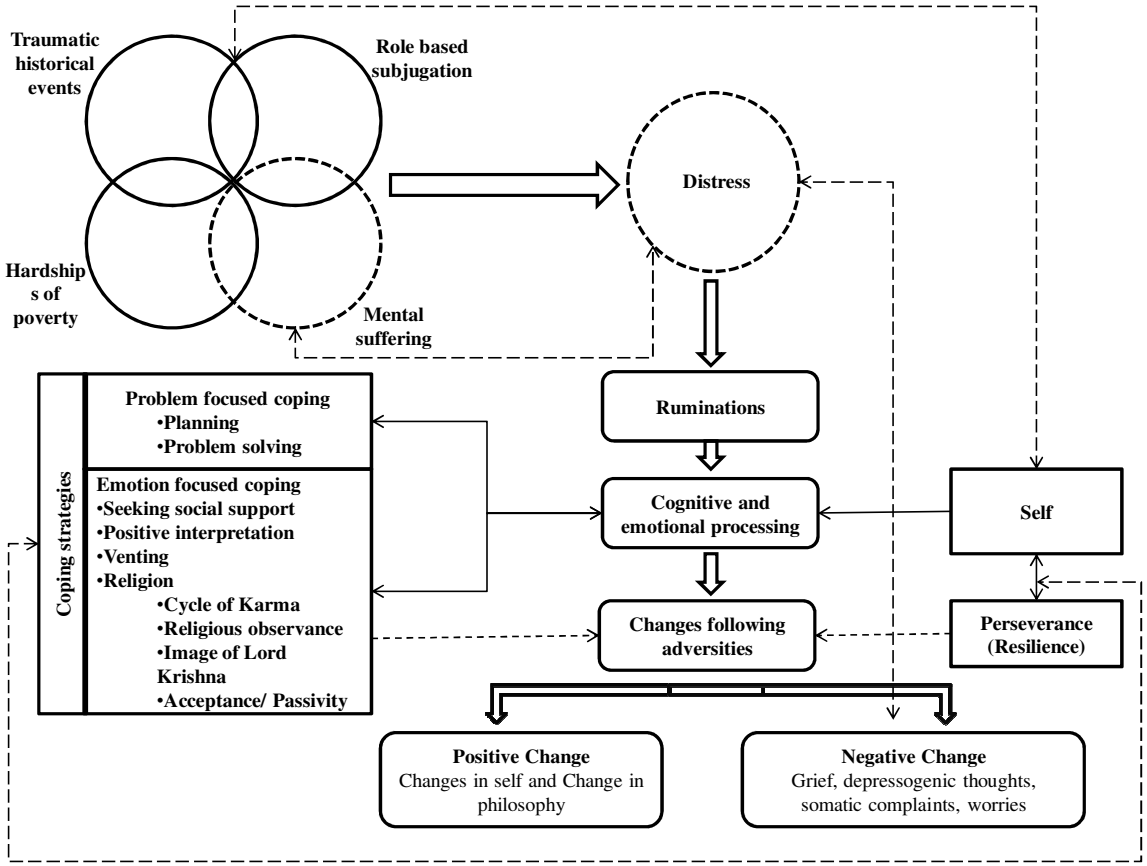
Literature in positive psychology has offered positive changes under various names, across different population. However, the three important changes that underlie all categorisations are- change in self, change in outlook and relational changes. In present study change in self and outlook were evidently captured, however, change in relations was missing. This was attributed to the fact that the sample of homeless people already has severely cut connections with families and friends. In addition, fear of being judged and criticised by others kept participants reluctant from venting in front of others. Therefore, positive relations with others were not expected, probably. Nonetheless, the relation with god (as mentioned in religious coping) reflected symbolic relation with god, substituting human relations. The relation with god was found to be unconditional and highly accepting (Rogers, 1959).

9.2.4 Thematic Model

Derived from the interconnections between the themes, subthemes and the discussions of individual themes, a Model has emerged. Figure 9.1 represents

the model in a diagram. The model starts with various adversities witnessed by the participants - historical traumatic events, poverty based hardships, role-based subjugations and mental suffering. The Venn diagram also reflects the same. Not necessarily all participants had the exact same sets of adverse experiences. Additionally, mental suffering is an outcome of distressing experiences and is also a cause for distress. These distressing events, individually and cumulatively, had a severe impact on the participants to the extent that their basic assumptions about the world, themselves and others were shattered. In order to make sense of what happened, constant ruminations were experienced by the participants until different broken pieces were placed together to make coherent sense of the adversities (Joseph, 2011b). This was an attempt to preserve the self against the challenges of life. Coping skills and resilience played an important role in processing multiple adversities.

Figure 9.1 Thematic model on different pathways to change following adversities



Different coping strategies were used by different participants, depending on the nature of the stressor – unpredictable or uncontrollable. In the case of predictable circumstances and controllable stressors, problem focused coping was used. However, in the case of uncontrollable stressors and unpredictable situations, emotion focused coping was used. Religion turned out to be the most common emotional coping skill used to arrive at an intellectual insight on suffering and offered behavioural solutions to stay calm and keep working on solutions to human suffering. It also offered relations with God that promise eternal support and unconditional regard, unlike various previous human relationships. Resilience built through prior exposure to the stressful event enabled the participants to face the adversity more tactfully, causing less distress.

The disequilibrium caused by the distress caused constant ruminations and initiated the process of cognitive and emotional processing. Depending on the level of processing, two changes were reported – Negative changes and positive changes. The evolving and dynamic nature of narratives keeps on processing the events, causing different kinds of changes with time.

The model that emerged from the analysis can be supported by the theoretical understanding presented in Chapter 2. Homeless people have had a history of multiple losses (Goodman, Saxe & Harvey, 1991) that have been conceptualised as adversities in the present study. These adversities originated from the environment or self, as was the case in the present study – communal riots, deprivation and role based subjugation. Associated with these issues were secondary losses like respect, dignity and freedom (Harvey, 2002). However, personal resources like coping skills and resilience helped individuals cope with the problems, as mentioned by Milburn and D'Ercole (1991); in addition the role of religion helped participants to make sense of the suffering and pain (Harvey, 2002). The model comprehensively explains how adversities lead to homelessness and how personal resources help them cope with it and face certain outcomes.

9.2.5 Process of Change: Cognitive –Emotional Processing

Calhoun and Tedeschi, (1998) state that the culmination of the rumination, coping strategies and resilience factors together decide the path of changes following adversities, and further add that the changes come gradually with unimpeded distress being worked through to the positive changes in the name of personal growth and change in philosophical orientation, as also found in the present study. However, the theory of post traumatic growth by Calhoun and Tedeschi (2004b), and the previous model on trauma and homelessness (Milburn & D'Ercole, 1991; Goodman, Saxe & Harvey 1991; and Harvey, 2002) do not explain the process of change.

The present study throws light on the process of change from the fact that not everyone in the present study was successful in achieving positive changes following adversities (Page 165). The individual differences reported within the theme of changes following adversities reflected different outcomes of adversities. In this context, the self is presented as having an important role to play in change, which further influences cognitive- emotional processing and thus the kind of changes reported – positive or negative. In other words, it offered an understanding on how people make sense of their lives and thus positive or negative changes.

The self is assumed to continuously process, develop and change along with various factors. These factors include negative life circumstances - poverty, role based subjugation, historical traumatic events, and mental suffering. These negative life circumstances, as elaborated in Chapter 6, are not necessarily severe enough by themselves to cause a disorder, but have cumulative effects over a period of time causing the immense distress experienced by the participants. In an attempt to deal with the distress a transformative process is initiated. At first automatic and then deliberate, cognitive and emotional processing is triggered. The cognitive-emotional processing is triggered in an attempt to restore the equilibrium.

Cognitive and emotional processing happens simultaneously. The process is supported by affective-cognitive processing (Joseph & Linley, 2005) to synthesise and explain the findings from the present study. At the cognitive

level, the processing of distress either led to assimilation or accommodation as mentioned by Joseph and Linley (2005).

When an individual automatically or deliberately attempts to process the adverse event, but end up with 'ruminative brooding', it is called assimilation with negative changes. For instance, Lalita (Page 148-149) moved to Vrindavan to get over the grief of her dead son, but could not accommodate and accept the loss and is therefore still yearning for him even 21 years after the loss.

When the deliberate ruminations lead to the accommodation of new information into previously held assumptions about the world, people experience accommodation with positive changes. For instance; participants who believed in the philosophy of karma, and perceived every adversity as part of a written plan by God, accepted the cosmic and existential reason for being homeless and found meaning in the present and used religion to exit the cycle of karma forever. In addition, there is also expansion and acceptance of self for good. However, sometimes over-accommodation of the changes in assumptions about self, other and world, as stated by Joseph (2011b), lead to accommodation with negative changes. For instance, Kiran's assumption all men are going to deceive her, because her first marriage did not work. This reflected over accommodation.

Emotionally, various life difficulties faced by the participants of the study were expected to hinder in successfully reaching resolution and thus impact the changes following adversities. Recovery and growth required processing of negative emotions elicited by the adversities. For example, mourning of loss and re-establishing self integration. In addition, the inability to control life situations like death and loss and exercising secondary control (change in self), is where religion was found to be emotionally helpful to the participants by acceptance and surrender (Hood et al., 2009). Further, religious observances like bhajjans, prayers and reading religious texts helped them practise self-mastery over uncontained emotions and venting by adhering to the culture of religion (Idler, 2013). Seeking emotional support through God's image helped

them vent out or receive unconditional acceptance by the god that no other human relation could offer.

So, cognitive - emotional processing involved finding meaning through religious philosophy and involved acceptance of the suffering that was faced due to various adversities. This leads to re-establishing the ruptured self by linking the present shattered parts (self-coherence) and linking the past with the present and future (self-continuity). Existential meaning derived from the adversities led to sense of psychological well being, which is reflected in accommodation with positive changes.

As mentioned earlier, movement from negative to positive is gradual and process driven. It starts with humanistic assumption that all are inclined to grow. Important point to reemphasise is the fact that even the most positive of the outcomes do not imply pleasure. Positive changes need not necessarily equate with positive emotions only. It relied more on satisfaction and psychological well being with purpose of life. It involved looking at human potential.

9.2.6 Dynamic Narratives

There are three important points that need discussion on narratives . The first is the fact that individual life stories are as much a product of culture as they are products of personal life events. In qualitative inquiries, the person interviewed is always at the centre and is provided effective and compassionate space for life events (Charon, 2008). However, it also reflects the cultural influences. For instance, the representation of a woman and widow were very much constructed by the culture that they grew up in. Therefore, narratives can be called socially constructed as much they are personally constructed. Second, narratives are constantly re-authored and which version of the story is narrated is impacted by the external and internal factors of the narrator. Had there been some other researcher with different research objectives, different versions of narratives would probably have been presented. Thus, the activity of giving an interview is also dynamic. Third, the narratives shared by the participants are evolving in nature. They change their structure and integration as new events

occur to the participants. Thus, life interviews or narratives constantly evolve to reach resolution and integration.

Narratives do not necessarily change because of the participant's variables, researcher plays an important role in that as well, as mentioned in paragraph above. Interestingly, the process of research also plays an important role in changing the researcher not only as a researcher but also as a person. This mutual change demands introspection and reflections on the part of the researcher and thus deserves a different section. Following section elaborates on the mutual influence that researcher and research had, in the context of the present study.

9.3 Researcher's Reflection

Qualitative studies run the risk of researcher's bias and motivation influencing the findings. This has been accepted as an integral part of any qualitative studies. The researcher is perceived as an integral part of co-constructing the findings because of who they are, along with the participants. The present study was no exception to that. Qualitative researchers like Glaser and Strauss (2012) have suggested reflection and introspection of the researcher as important tools to become aware of such influences. The following few pages discusses the researcher's reflection and the mutual influence the researcher and research had on each other.

The researcher's prior research work (Master's Dissertation) with the same population did make it easier to initiate another research work with the same population in Vrindavan. However, it probably made the researcher approach the sample with pre-conceived notions. The prior qualitative study was based in grounded theory, and reported various challenges faced by the participants. The study presented a pitiable situation of the women, which according to the researcher was not complete. The urge to find a complete picture, which was positive as well, urged the researcher to look at the individuals' life narratives using a positive psychology perspective.

The study from the positive psychology perspective used interview probes that seemed directive questions in retrospect, such as: "*Have there being any*

benefits that you feel of moving out of house and staying alone here?" These questions possibly made the participants answer in a socially desirable manner. This seems all the more important because the researcher is seen as an educated, young girl from the upper caste in Delhi. The researcher's positioning could have led to participants presenting themselves in a way the researcher possibly wanted them to exhibit. In some cases the opposite was true where presenting the worst side of themselves was possibly seen as a way to get more charity in the ashrams. The researcher in both situations was placed at the higher order, where the participants viewed their versions being evaluated.

The researcher's relationship with her grandmother is also introspected to have a major role in the present study. The researcher viewed participants from the previous and present study as being her grandmother's age. The researcher had always been close to her grandmother and witnessed her grandmother staying away from her because of the family dynamics between adults. Having witnessed her grandmother torn away from the family made her empathise with the participants, to an extent that there was probably a need to present the vulnerable yet brave side of these women and also of her grandmother, who survived the separation. This, probably, also suggests why the researcher picked this topic of research in the first place.

Additionally, the researcher faced an internal conflict being an Indian born into a Hindu family versus studying vulnerable Indian women in the UK. This was a conflict because presenting the pitiable situation of Indian women in a foreign land made the researcher uncomfortable on many occasions. Acceptance of the various kinds of adversities that are experienced in developing countries at times made researcher uncomfortable that there was probably an attempt to show the positive to undo that discomfort. Further, the use of a medical model would have presented them with the stigma of being insane or mentally ill. This is probably the reason why the researcher argued for a positive psychology model to cover up the shame and embarrassment, and to show the 'not so bad' situation.

Further, the role of religion also turned out to be a battle within an atheist environment at the university. The fact that religion is usually looked on with suspicion spurred the researcher further to prove that this can be helpful in times of crisis in India, at least, if not anywhere else.

The researcher's personal experience of being a female, born in a highly patriarchal set up, where she has always grown up with a feeling of being a second grade member in the house had probably influenced the analysis. The personal experience of being a neglected female child also had an influence on what was seen and analysed in the study. The subtheme of role- based subjugation seems like a reflection and projection of personal feelings. Moreover, being a feminist, the researcher probably had unsaid motives to present vulnerable women in a positive light.

In retrospect, the researcher sees the thesis as a journey to seek answers for herself. Through the process of her PhD, the researcher lost her grandmother, got married into another patriarchal family, and had to move out of her parents' house and move to her husband's house. All these events have impacted the researcher. The life experiences of the participants have shaped researcher's understanding of life, and the interpretations of participants' narratives have been influenced by the researcher's worldview also. In reflection both the research and researcher have influenced each other and have answered respective questions. The journey from a neglected female child to studying a PhD with a scholarship in the UK is seen as a positive change from neglect to personal growth in an attempt to prove that "*I am no less than any man in the house*".

9.4 Conclusion

The thematic analysis was carried out to answer the fourth and fifth research questions posed in the thesis. The fourth question was to find out changes reported by the homeless women of ashrams in Vrindavan, following various adversities in their lives. The fifth research question was to find out the role of religious coping in the changes experienced by the homeless women of Vrindavan, following various adversities in their lives.

In response to the fourth research question, it was found that positive and negative changes were reported by the participants, following multiple adversities that they had faced. These adversities included historical communal riots, poverty, and role based subjugation. The positive changes included a sense of change in self and a change in philosophy. Change in self involved change in self concept which involved more confident, free willed, courageous, tolerant and self focused selves. This change was a radical change from their previous selves, who were home bound and never had opportunity to take independent decisions. The negative changes following adversities were depressogenic thoughts, constant worries, grief and somatic complaints. These negative changes were the thoughts of helplessness, hopelessness, worthlessness, death wishes, multiple physical complaints which had psychological base to them, constant worries about death –dying and young uncared children back home. It also involved intense yearning for the lost relations. These were perceived as the outcomes that were caused by various adversities and also in return became part of mental suffering and thus additional adversity to bear.

These changes are interpreted as different yet complimentary aspects of growth following adversities. The important finding about this dual side of change is that distress initiates the process of positive growth, and even if participants reported positive changes, it didn't mean an absence of distress (Tedeschi & Calhoun, 1996).

In addition, the present study presented the process of change through the model that was arrived at by the analysis of the various themes of adversities, coping and changes following adversities. The model asserted that any adversity, by itself or in culmination with various other adversities, causes disequilibrium and distress. This distress being a negative change following adversity initiates the process of automatic and deliberate ruminations in order to process information cognitively and emotionally. While processing information various protective factors like coping skills, resilience and culture facilitate the process of recovery. At a cognitive level, the philosophy of karma offered a framework through which life sufferings and pains could be understood by the participants. At an emotional level, acceptance, surrender

and support by the religious community and the image of God caused emotional processing of information. The cognitive and emotional processing of information was suspected to cause the different outcomes to the adversities – accommodation with positive and negative changes; and assimilation with negative changes.

The fifth research question looked at the role of religious coping in changes experienced by the participants following adversities. Analysis revealed that amongst all the psychosocial factors of the role of coping skills, religious coping strategies had a distinctive contribution to make. Religion played a very crucial role in the lives of the participants. Religion had several functions to serve in participants' lives. On one hand it provided a framework within which their condition and suffering could find meaning, through the philosophy of Karma. This lends a great deal of acceptance and a frame of reference to interpret the world, the self and others.

Religion also provided them with various activities that helped them stay behaviourally and mentally disengaged from the various problems in life. Religious observances had social and motivational meanings associated with them. It helped them forget their troubles and focus on communal activities like prayers and bhajjans. These relaxed them and helped them to develop a sacred relationship with the Krishna. The image of God became a substitute figure for lost relations. This gave participants a sense of being accepted and protected against the odds of the world. Lord Krishna provided unconditional regard, by offering a place to live, away from family dynamics, and thus time to re-integrate life events. The religious coping facilitated cognitive and emotional processing in an attempt to reach equilibrium and consequently the outcome of change.

Though, religion emerged as the major coping. Social support and positive interpretations also emerged as other emotional focused coping strategies. Social support though helpful was found to be less frequently sorted to because of fear of judgement and criticism from others. Positive interpretation was found to be related to personality factor- optimism, inferred from the narratives of the participants. Planning, problem solving and seeking instrumental support

were the problem focused coping strategies that were found in the study. In the case of controllable and predictable situation, problem focused coping was more often used. However, due to the unpredictability of the participants' life circumstances, emotion focused coping was more often used.

Finally, the research also threw light on the dynamic nature of the narratives, suggesting cultural influence, researcher's influence and influence of everyday life events. As these factors keep changing, structure and integration of life narratives also change. In addition, the thesis elaborated on the mutual impact of researcher and research on each other. The motives, judgements assumptions, expectations, personal characteristics and background of the researcher shaped the aims and findings of the study. Similarly, the research process and participants' life stories also changed the researcher.

10 Summary, Evaluation and Implications of the Research

10.1 Overview

The chapter presents contributions from each chapter to the overall findings of the thesis in Section 10.2. The implications of the study are followed by the evaluation of the study, detailing contributions and the challenges of the studies in Section 10.3 and 10.4. Future research directions emerging from the findings of the study are then outlined in Section 10.5. The chapter closes with the final conclusions of the present research (Section 10.6).

10.2 Summary of research findings

The present research started with a broad objective to explore trauma, post traumatic growth and religion in the lives of homeless women of Vrindavan, India. To answer this broad objective, two literature reviews were performed. The first research question proposed to understand what literature identified as trauma and post traumatic growth theoretically and empirically, in the context of homeless women. Chapters 2 & 3 revealed the following insights from the review;

First, the term post traumatic growth heavily relies on the conceptualisation of trauma in a medical framework and is culturally inappropriate for the culture and population that the present research was set to study. With trauma's limiting definition from DSM, it does not cover the not so intense and enduring sufferings like poverty and homelessness seen in developing countries like India. Another problem with the term post traumatic growth was expectation of positive change. It ignored the fact that some people may also report negative changes. Therefore, 'changes following adversities' was the preferred term in the present research.

Second, a historical analysis on the existence of homelessness in literature was found dating back to the 1970's in the United States. The analysis revealed that the face of homelessness is ever changing; for example, since the 1990's the number of homeless people from younger groups, ethnic minorities, and of female gender has been at a high. Despite the increase in female population

amongst homeless groups, the research literature was found to under-represent women (Rossi, 1990). In addition, the literature is dominated by the Western discourse of homeless women. Further, there is no consensus on the definition of homelessness, because of the heterogeneous characteristics of homeless people. Keeping in mind the literature, the present thesis endorsed a definition which was rooted in the socially constructed approach, giving space to cultural differences.

Finally, a narrative review of empirical evidence revealed a disciplinary shift in the area. Multidisciplinary research from social psychology, anthropology, sociology, social work and nursing; using qualitative methods, was found to replace the quantitative epidemiological studies. Overall, studies reported distress experienced by the homeless women. Dysfunctional families, strained adult relations, economic issues, health problems and limited personal resources and skills were some of the problems faced by the participants. Studies on personal strengths reported aspirations, goals and strengths. Overall, the literature is still silent about exploring a comprehensive understanding of the transformative quality of trauma or stressors with the homeless population.

The second review attempted to understand the strength of the relationship between the religious coping and changes following adversities, and the psychological purposes religious coping served in growth. In response to the third and fourth objective, a systematised review was carried out to understand the role of religious coping on changes following adversities. This review offered important insights into the relationship between the two constructs.

First, though there exists a fundamental difference between religion and spirituality, the majority of the researchers have used the terms interchangeably - religion and spirituality (R/S). Though the spiritual changes are advocated as part of changes following adversities, studies have looked at the role of religion on growth more closely. In addition, like the previous review, this review also revealed that the literature is dominated by western studies, over-representing the female Christian population.

Second, correlational meta-analysis performed using secondary data revealed that the religious coping had a medium effect size on growth across studies.

Positive religious coping - PRC (.404) and negative religious coping - NRC (1.76) were found to have a high medium effect and a small effect on growth following adversities respectively. The relationship between NRC and growth was found to be more complex than PRC and growth. The absence of NRC, in times of intense trauma, predicted growth.

Third, meaning making, social support, external locus of control, hope and internal serenity were some of the psychological purposes that religious coping served to help participants grow out of adversities.

Subsequent to the review answering the three objectives of the study, a qualitative study was designed to answer the next two research questions. The fourth question was to find out changes reported by the homeless women of ashrams in Vrindavan, following various adversities in their lives. The fifth research question was to find out the role of religious coping in the changes experienced by the homeless women of Vrindavan, following various adversities in their lives.

The study was ontologically rooted in social constructionism and epistemologically based in the post-modern paradigm. The study used a narrative approach (Mc Adams, 1985), rooted in the construction approach, to investigate the research questions.

Thematic analysis was carried out of 34 interviews to reach a master narrative of women participating in the study. Guidelines for thematic analysis were followed given by Braun and Clarke (2006).

In response to the fourth research question of the study, the thematic analysis from Chapter 6, 7 & 8 revealed that the changes reported by the homeless women following various adversities in their lives were twofold – positive and negative. Positive changes involved working through the distress. These changes were shared in terms of personal growth, and a change in philosophy of the participants. The negative changes involved depressogenic thoughts, constant worries, grief and somatic complaints following adversities. The two sides of change were co-existing in the sense that negative changes were interpreted as the prerequisites to positive changes. Negative changes emerging

from the adverse events (historical trauma, poverty, role based subjugation, mental suffering) caused distress. These distresses lead to constant ruminations initiating the cognitive processing. With gradual deliberate processing and other coping skills, the adverse events started to make sense, leading to a positive change in the self.

In response to the fifth research question of the study, religious coping had an important role to play in the positive changes experienced by the homeless women of Vrindavan, given the religious significance of the place. Being born into Hindu family, religion was found as the easily available orienting system, within which philosophy of Karma offered participants a framework to interpret their sufferings and pains. Being the marginalised group, in absence of any other alternate orienting system, religion turned out to be the only available orienting system to derive meaning in mist of chaos. The external locus of control in form of surrender, explained partially collaboration with god to solve real life overwhelming problems and partially deferring self problem on god to solve them. In addition, the god image of Krishna and Radha Rani emerged as the substitute for the lost one.

Overall, the research findings have strengthened the conceptualisation of changes following adversities, consisting of both positive and negative changes. It also explained the two parallel processes of change – Cognitive and Emotional. In addition, the study reported the significant role of culturally prevalent in adversities and religious coping in changes experienced by the Indian homeless women residing in the religious pocket of Vrindavan. Having summarised the research findings, the following pages discuss implications of present research.

10.3 Implications

Theoretical, methodological and practical implications of the study are outlined below.

10.3.1 Theoretical Implications

10.3.1.1 Implications for the terms 'trauma' and 'post traumatic growth'

The present study found in thematic analysis that every participant had gone through multiple adversities in life. Not all adversities were either intense enough or specific enough (as Criteria A requires in DSM) to cause the cluster of psychological symptoms warranting PTSD diagnosis. For instance, communal riots involving mass killing/destruction, multiple losses and migration were inferred to have caused traumatic symptoms, and full blown diagnosis of PTSD in some of the cases, as only 40% of the trauma-affected people are estimated to experience a trauma-related pathology (Kessler, Bromet, Hughes & Nelson, 1995). However, the other adversities faced by the participants were more continuing in nature, such as poverty and role based subjugation, which might not qualify as Criterion A of the PTSD diagnosis in DSM-V but had cumulative, stressful effects. Apart from the nature of adverse events, the psychological symptoms experienced by the participants were a mixture of anxieties, depressogenic thoughts, grief complications, somatic complaints and many more, which are not captured collectively in any one trauma related diagnosis. The study resonates on the issue of co-morbidity with trauma in 80% of the cases (Brady, 1997). This makes it difficult to distinguish between clinical trauma and sub-clinical trauma (Kessler, Bromet, Hughes & Nelson, 1995). In addition, the clinical picture of PTSD is primarily on the Western model, in that it leaves no space for cultural differences (Summerfield, 1999). Issues such as poverty, deprivation and marginalisation wouldn't have found any space in the diagnosis (Patel, 2011).Therefore, the use of post traumatic stress disorder was redundant in the present study.

Other categories of trauma, such as the disorder of extreme stress (DOES), introduced to fill up the limitation of PTSD, were found facing the same problem as PTSD, being a medical diagnosis.

A diagnostic label was expected to disempower and stigmatise the already marginalised homeless women of Vrindavan (Bracken, 2002). Moreover, with the constant increase in people diagnosed with trauma related symptoms (Breslau & Kessler, 2001), indicates toward sanitising terminologies,

transforming “daily life problems” into mental illnesses (Szasz, 1960). Further, the exercise of putting a diagnosis to the participants’ real-life problems, would have made it difficult to let participants’ stories of pain and strength be heard.

Similarly, non disease model of trauma within psychology discipline runs some of the same dangers as medical model, despite of being more culture friendly. One, the conceptualisation of non clinical trauma is primarily negative, because of the way it’s socially constructed, under the influence of psychiatry discipline and its language (Jospeh, 2011b), and thus victimises the people who face trauma. In addition, it ignores the transformative quality of trauma. It lacks bandwidth to acknowledge fuller spectrum of human existence.

Thus, the limitations that trauma within clinical and non clinical model bring implications on terms like post traumatic growth (PTG). First, it implies the existence of trauma to imply growth following its occurrence. Secondly, it directs towards positive change (growth), ignoring negative change. It, thus, offers a very simplistic understanding of a process which can have grey shades as well (Durkin, 2011).

Changes following adversities, rather, offers a well conceptualised construct, encompassing positive and negative changes, caused by various adversities, not necessarily traumatic events (Jospeh, 2011b). Thus, a clear rationale needs to be presented in research works to use any specific term in the future.

10.3.1.2 Theory for changes following adversities

Changes following adversities have been explained theoretically by the well-being perspective (Joseph & Linley, 2005) within positive psychology.

The concept of changes from adversities starts with an assumption endorsed by humanistic and existential theories. Rogers’s person centred theory of self-actualisation (Rogers, 1959), psychological well-being from eudemonism by Ryff & Singer, (1996), and existential theory by Frankl, (1959) offer the basic premises that humans have a desire to grow and seek meaning in chaos. Humans also look for competence, autonomy and relatedness when seeking that meaning. The process of meaning is derived through coexisting processing pathways – affective and cognitive (Jospeh et al., 2012).

According to the theories, long held assumptions are shattered with adversities. The distress caused sets the ball rolling for cognitive and emotional processing, through intrusive thoughts and ruminations (Tedeschi & Calhoun, 2004a). The processing either leads to assimilation or accommodation of changes. When new changes are accommodated for, positive changes happen. However, if the assimilation happens along with cognitive conservatism or rumination brooding, negative changes are found to persist (Joseph, 2011b). The present research has offered an additional support to Organism Valuing Theory (Joseph & Linley, 2005). The theory helped in understanding the processing of adversities at different levels – cognitive and emotional and thus positive and negative changes following adversities.

10.3.1.3 Narratives for symptom reduction and fostering positive change

Use of narratives as a method of data collection (Chapter 4) has illustrated how the process of change occurs following adversities. Joseph, (2011b) has also offered the use of narratives to foster growth. Building a conducive client-therapist relationship, where participants would feel safe, valued, heard and understood, would help support the basic needs of autonomy, competence and relatedness. Within this nurturing relationship, the homeless women will be able to take a new journey with an experienced guide (the therapist). The therapy involves helping women to acquire new coping skills, instil hope and search for meaning. An important part of therapy will focus on recognising that life has changed and old ways of working will not hold ground. Therefore, participants will have to rethink, reflect and learn new ways to reconfigure. Joseph, (2011b) calls this process of change 'accommodation'. This will call for a non-defensive engagement with experiences and re-authoring of new stories.

The movement of narrative towards any kind of change, thus, can be facilitated in therapeutic set. This finding extends support to Narrative exposure therapy (NET). Narrative exposure therapy (NET) has been used to reduce traumatic symptoms (Neuner, Schauer, Roth & Elbert; 2002). Since narratives are embedded in the autobiographical context, it seems to works well with multiple traumas or adversities that had happened in participants' lives and helps in constructing a positive narrative (Bichescu, Neuner, Schauer & Elbert, 2007).

The effectiveness of the NET has been proven in situations with multiple traumas such as war (Robjant & Fazel, 2010), refugees (Neuner et al., 2004; Neuner et al., 2008), and earthquake survivors (Zang, Hunt & Cox, 2013). Thus, it is assumed to work well in the case of the homeless population.

Thus, with re-narration, the fragmented pieces of participants lives will get integrated into explicit and implicit memories (Ehlers & Clark, 2000), and with repeated exposure to adverse experiences of life, would diminish emotional responses with habituation over time (Foa & Rathbaum, 2001). Narrative exposure therapy is likely to work well with the participants of the present study, because of the low level of literacy. However, expressive writing (Pennebaker, 1997), as part of narrative exposure therapy, could also be used with literate homeless women in the ashrams.

10.3.1.4 Religion and growth in psychotherapy

The role of religious coping on changes following adversities in the present study revealed that religion offered liberation. Religious meaning offered redemptive hope, deliverance and personal salvation (Chapter 7). Religion as a coping skill has been found to offer additional social support, calmness through rituals, and existential meaning (Chapter 7). The findings have an implication for integrating religious components into psychotherapy. There are studies which have reported the desire of the terminally ill patients to seek religious support (Dale & Hunt, 2008). However, integrating two areas (religion and psychotherapy) calls for multiple challenges, which requires following set standards and ethics (Gonsiorek, Richards, Pargament & McMinn, 2009).

10.3.2 Methodological Implications

10.3.2.1 Longitudinal Studies and Prospective studies

Narratives require a recollection of memories. Not all memories are easy to recall, especially painful memories. That was probably, the reason why some of the participants couldn't engage in interviews for long, and their narratives only lasted for five to 15 minutes (Chapter 5). Recalling life stories, mixed with all kinds of memories are often infected with various biases- forgetting, subjective appraisal, personal characteristics such as age and temperament,

environment based issues like set up, time of recall, and relationship with the researcher (Wolfe, 1995) reducing the authenticity of the data. In the present study, the majority of the participants had gone through multiple adversities. The narratives obtained can be interpreted as one version of the numerous stories of the participants. The narratives do give an outline of life events but they are not good enough to help trace the changes specific to the adverse events or the gradual development of these changes. One of the ways that it can be done is by designing a prospective study starting during the teenage years, where participants can introspect and articulate their experiences. This will also offer a cohort group interviewed longitudinally to trace the course of change without biases. This will not only increase the authenticity of the data by reducing the biases but also account for individual changes in response to specific events and also cumulatively over the life span and probably over generations (Laufer, 1988).

10.3.2.2 The issue of studying participants from different cultures

One of the major implications that the present study offers is about handling the ethical issues involved in working with an illiterate population. For example, in the present study the participants were not literate to read and give written consent, and some didn't follow the need to be interviewed in the interview room for confidentiality reasons. There is little literature or guidelines on eliciting research participation in such cases.

In the present study, the issue was resolved by offering different ways to give consent that didn't require literacy skills – a thumb impression, audio consent and video consent. A thumb impression was the most preferred option of all the three alternates because of its less invasive nature. Similarly, the western concept of providing a private and confidential space for interviewing was found to be unwelcoming with some of the participants, though it could have reflected lack of trust in the researcher. It also reflected the ethos of collectivist culture in India. Collectivist culture requires submerged personal boundaries (Markus & Kitayama, 1991). Further, any confidential activity such as this raises suspicion by fellow members of the community. This was relevant at the time of the data collection, because of the string of operations carried out by the media in disguised form. This justified why participants preferred giving

interviews in open common areas or in their dormitories. Thus, the study has implications for these cultural nuances to be thought through while working with a rural and illiterate population.

10.3.2.3 Narrative as a method for data collection, in story telling culture like India

Given the characteristics of the participants and the culture in which the participants are rooted, narratives as a mode of inquiry are suggested for future research. With a population which has never been exposed to education and is not literate enough to read or write using questionnaires, it would not be possible to collect information in this way. Reading out the items and eliciting responses will also not serve the purpose as it would add the biases of the researcher reading and coding the participant's responses. An additional problem with that alternative is the scope of misinterpretation of the participants and the inability to translate responses in numbers. In addition, orally presented questionnaires have been found to elicit more socially desirable responses than self-reported measures (Moum, 1998). In addition the tools constructed with a western understanding of the psychological constructs and standardized on the western sample again would increase the additional scope of errors. Hence the use of quantitative measures with a population which is not literate and psychologically sophisticated, as there are few alternatives. There are fewer studies that provide reference to valid and feasible methods to assess psychological constructs in populations from low socio-economic strata. This also reflects the low representation of marginalized populations in research.

One of the alternatives that the present research employed, understanding the characteristics and culture of the participants, named 'life narratives placed within the set of qualitative inquiries' is also proposed for future research. Methodologically, the method is compatible with the characteristics of the participants. It doesn't put any restrictions on the participants' responses. The participant carried the command of the interview process. In addition, the tradition of oral narration and storytelling gives familiarity and ease to the participants to engage in the process of interview completely. Therefore, future

studies should capitalise on the cultural factors in order to employ culturally sensitive and compatible methods.

10.3.2.4 Implications of translation

Another significant implication that emerged from the methodological concerns of the present study was translation of transcripts. With cross cultural studies penetrating different cultural boundaries, the issue of translation is becoming more imminent. Such research requires careful decisions revolving around translation. Though many guidelines are available in literature about translation and cross translation of quantitative measures, little is available to refer to for the translation of qualitative measures.

In the present study the narratives were attained in the local language, i.e. Hindi. But for the purpose of maintaining the university's requirements, the results had to be presented in English. Acknowledging that translation in English would mean losing out on subtle meanings in the process of translation. There are no equivalent words and phrases present in the English language. In addition the grammatical structure of the two languages is not completely compatible. Therefore, an alternate was reached of presenting the data in a global language that still maintains local elements. Indian English was found as the closest compromise, being an acceptable version of Global English. In addition, a theoretical stand was taken by the researcher – narrative approach to translation – which made researcher reflect on the personal standpoints and subjectivity.

Though the issue of translation seemed workable with this population set, the researcher is aware of other languages which might not have the combination of global-local language as Indian English does. For instance, the Arabic and Chinese languages do not have their respective versions of English. India has one because of the imperial legacy of English that it carries from colonial rule by the United Kingdom for 200 years. Therefore, a decision needs to be taken in future research and gradually a corpus of literature needs to be prepared with guidance on translation issues in the discipline of psychology.

10.3.3 Practical Implications

There are several implications from a practical point of view. First, the focus of the work should gradually see a paradigm shift from welfare to well-being. In the last two decades funding has been diverted for the development and maintenance of infrastructure as stated in Chapter 1 (Rai, 2010; Rai, 2007; NCW, 2010). Chapter 6, found that the majority of the women were distressed because of adverse life circumstances from the past. They had negative emotions and thoughts emerging from those events like sleep issues, somatic complaints, constant worry and pervasive sadness (Chapter 8). These findings have important implications for the introduction of psychological services. Offering NET built into an autobiographical context (Conway & Pleydell-Pearce, 2000) would help to integrate the various adverse life events and reach coherence. In a therapeutic set up, changes can be facilitated to re-author the life story. As found in Chapter 4, a religious outlook and activities can also be used to foster positive change. Integration of the religious and spiritual component in the treatment of the chronically ill patient was found as welcoming (Dale & Hunt, 2008).

Further, literature reports that mental illness is one of the major reasons for abandoned women (Gonzalles & Rosenheck, 2002; Motjabai, 2005; Scott, 1993). Though the present study didn't include women with severe mental disorders because of their inability to engage in an interview, a handful of them were found in the ashrams. Untrained and insensitive staff, inadequate to handle such residents, require basic mental health training and the deployment of mental health services in the local area. The closest institution offering mental health services was found 68 kilometres away. A small attempt was made during the field study to invite psychiatric help from the Kanpur Medical College for the residents with severe mental illnesses. More frequent consultations and regular follow ups with subsidized medication needs to be organized by the ashram authorities.

A lack of legal awareness usually landed with most of the women being deceived and manipulated of their property rights. Thus, awareness programmes are to be mobilized through various means – print media, multi-media and public talks.

Narratives of the younger participants reflected a need to strive and make a better future for themselves and their children. Given their age and level of energy, rehabilitation plans should be focused on acquiring education and skills to get employed and earn money for the family. Vocational training and employment opportunities should also be offered on a regular basis for functional elderly women in the ashram. New schemes providing money and charitable goods seem to have created a sense of idleness and inactivity amongst the participants. Such assistance should probably be restricted to terminally ill or bed ridden residents.

Cremation rituals were found to be the major source of anticipatory anxiety amongst the elderly participants. Therefore, the government should perform the cremation in the presence of other residents to avoid any anxiety related to disrespectful cremation. Similarly, women should be provided with services like will writing to state the course of action to be followed with the leftover money and property after death.

The issue of destitute widows and elderly women moving to Vrindavan is not a very realistic solution in the long run. Programmes need to be initiated under different states, to help destitute women. This would involve working at the family level, building awareness about the rights of women, in terms of property, maintenance and pension. Programmes should be recommended at school and college for pre-marriage counselling, about the stages of family life, the personal space of each dyadic relation in a family, adjustment process, care for the elderly, sensitive ways of sorting differences and dis-inhibition about approaching the legal system for one's rights. The media could play an important role in spreading awareness about the issue.

Reconciliation programs also need to be initiated for women in Vrindavan who wish to reunite and reconcile with their families but do not remember their address or apprehend rejection from the family, as was found with one of the participants of the study.

To sum up, the study had several important implications at theoretical, methodological and practical levels. The next section critically evaluates the present research.

10.4 Critical Evaluation - Contributions and Challenges

There are seven unique contributions that the study has made.

First, the dearth of psychological studies on homeless women of Vrindavan created a gap in literature, calling for research initiatives on the psychological front of the women. The present study has been one of the few initiatives. Since the topic is not well research, published work is few and far between. Therefore, the study required a search for accessible grey literature across different academic institutes and in the libraries of international developmental organizations based in India. Chapter 1 contributed a summary of the situation of women in Vrindavan, which can be referred to by other researchers working with the same population.

Second, the systematised search for literature, performed to create a narrative review on homeless women and trauma, is mentioned in step by step order, making it easy to replicate. Moreover, the analysis has not just synthesized the data, but also drawn the historical changes witnessed over time in literature. Similarly, the systematized review on religious coping and changes following adversities used a mixture of review techniques to do justice to the different sets of data searched. For instance, a Meta analytical technique was used to synthesis the correlational scores across the studied, and a narrative review was performed to comment on the findings from the qualitative studies.

The third important contribution of the study has been a clear positioning of the research in terms of the dubious terms used interchangeably in the literature, without any clear rationale. Three such confusing terms have been 'trauma versus adversities', 'post traumatic growth' versus 'changes following adversities', and 'religion and spirituality'. The term 'adversity' was preferred as it was broad enough to include events which were not as traumatic as per DSM criterion, such as poverty and role based subjugation. 'Changes following adversities' was preferred because it had scope to accommodate both positive and negative changes and the term itself was more neutral. Religion was used for three main reasons. First, it is more often studied in previous studies. Second, the present study was based in the context of the Hindu religion. Third, within the Hindu religion, there are more spiritual paths to unite with the

divine, but it is still path of religion. This clarity is a contribution of the present research, as previous literature has been silent on the rationale for choosing certain terms.

Fourth, methodologically the researcher has made an attempt to culturally analyse the existing psychological state of the participants. Therefore, the study has been approached from a social constructionist framework. The study was cautious about not using a medical model, which pathologizes everyday behaviour, ignoring the cultural differences. For instance, the formulation of adversities faced by the participants in the study wouldn't have been captured in the DSM framework of trauma. In addition, it would have left the participants stigmatized with mental disorders, thus further marginalizing them.

Fifth, prior work with the population and clinical training gave the researcher an advantage to smoothly approach and carry out interviews in a sensitive manner. In addition, the researcher's understanding of the culture as an inhabitant has allowed a full description and psychological analysis from an insider's perspective, though subjectivity could potentially have invaded objective understanding without the researcher's awareness. To overrule such biases, serious attempts were made to minimize the subjective influence. Two such measures were self reflection of the researcher and triangulation of the findings with the experts on the issue.

Sixth, an important contribution has been the choice of the qualitative method, keeping in mind the nature of the population. The majority of the participants hailed from a rural background, with no literacy and a difficulty in understanding the psychological items/terminology. This potentially could have led to lot of guessing and distortion. Life interviews were found to be more compatible with the oral culture of India, where narrating stories is part of living. In addition, it offered a detailed, in-depth account of participants' lives, and also offered the opportunity to seek clarifications on the part of the researcher.

Seventh, a contribution of the study has been the conscious decision to translate the Hindi interviews into Indian English. There are well defined guidelines to translate quantitative measures in psychology. However, the

literature is scant on guidelines to translate a qualitative interview. With easy mobilization and the advent of cultural psychology, studies on different cultures have become more common at geographically and culturally different universities. This has added an additional dilemma on how to preserve the cultural nuances in an interview at the time of translation. Translation into the university's required language (i.e. British English) is likely to lose certain meaning and context because of no equivalent phases or words, and keeping the interviews in their local language will serve no purpose if others can't comprehend them. Therefore, a middle way was used in present study of using a language which is a variant of the university's requirement and is still closer to the local version. Indian English was found as the global yet local language. Irrespective of all measures taken to stay close to the Hindi transcripts of the interviews, the loss of meaning in the process of translation even in the Indian English can't be refuted. In addition, the subjectivity of the translator being an inhabitant of the local culture was found to be the confounding variable. To counteract this bias, a narrative approach to translation was opted. This approach makes the translator more reflective of personal biases and positioning that might negatively impact the process of translation.

The final strength of the study was thematic analysis. Thematic analysis of the 34 different interviews and different pathways and processes to change – accommodation and assimilation. The analysis offered common themes across the narratives, helping to understand important factors contributing to change, and also the deviant themes which offered differences in personal and contextual factors faced by the individuals, overall contributing to the different pathways to change following adversity. It explained why certain participants were still grieving for their loss for the last 21 years and some had gathered themselves after losing everyone in their family.

Despite all the contributions of the present study, the study has scope for improvising and further developing. There are four such points, which pose themselves as challenges to the study.

First, the study has been cautious about the medical model, as there were risks of stigmatizing the population with DSM diagnosis and further marginalizing

the participants with a label. The study, therefore, opted for a positive psychology framework which offered a look at the positive side of the negatives. Positive psychology, being new perspective and offering an alternate to the disease model, has gained quick attention. However, a deeper look proves the inadequacy of the perspective to answer problems that the medical model can. For instance, positive psychology is silent about how florid psychotic symptoms like hallucinations are to be handled or treated. Similarly, in the present study the severely mentally ill residents were not included because positive psychology doesn't offer ways to engage and capture such cases. Therefore, the present study can't have implications for severely ill participants using the framework of positive psychology.

Second, the decision not to include homeless women with psychiatric diagnoses like schizophrenia, mood disorders, alcohol disorders and personality disorders (Chapter 3), indicates the researcher's biased assumption that trauma has little to do with the etiology of the psychiatric diagnosis. However, the lack of ways to engage with severe cases within positive psychology, along with the incompatibility of narrative work with such severe cases, had put restrictions on the inclusion of these cases.

Third, the qualitative design of the study didn't aim to make overarching generalisations of the findings. However, the selection criterion of the studies, in terms of language (Hindi), age (30 years and above), and residential status (stayed in ashram for a year) led to a non-probability sample (self-selected participants) and thus restrictions on the generalization of the study, even to the geographically close samples – like homeless women on the streets of Vrindavan or homeless women in other religious places in India. Nonetheless, the challenges of generalisation are commonly faced in applied and qualitative settings as in the present study.

Fourth, the qualitative design of life narratives as method of data collection, and thematic analysis as the way to analyse the narratives; reflect tension between the method of data collection and analysis. Probably, a semi structured interview revolving around adversities, coping and changes following adversities would have been in better synchrony with thematic analysis. Or, the

narrative analysis of all 34 life narratives like individual case studies would have been in harmony with each other. This synchrony would have made the study methodological stronger. However, life narratives offered multiple layers of information rooted in history, culture and financial milieu that participants came from, which added cultural richness to the thematic analysis. This might have been difficult to achieve with semi structured interviews.

Fifth, the role of the researcher, even if an insider to the Indian culture, was still an outsider. This is mentioned in the thematic analysis and the terms used for the researcher in the narratives, such as madam (a symbol of educated women from higher socio-economic strata, with the power to change the situation of participants), and unmarried young women (unable to empathize with married life and the loss of husband and children) had placed the researcher as an outsider. However, striving for a match between the researcher and the participants would not have been feasible.

Overall, the study has various improvisations and unique contributions to make, which lay the ground for future research.

10.5 Reflections for future research

The present study has laid down directions for future research. First, the evidence of positive change in the participants found in the present thesis lends direction for an intervention study. The future study could aim to reduce stress and foster growth using narrative exposure therapy. To strengthen the efficacy of the research, a controlled trial is suggested. On the basis of the efficacy of the study, further study can be introduced where staff members and fellow residents can be trained to facilitate the stress reduction and growth using narratives in their clinical practice.

Given the cultural uniqueness of the population under study, special attention to the ethics, ideas of confidentiality and the content of the therapy needs to be kept in mind. For instance, in the present study religion was found to be an important part of participants' lives, therefore the inclusion of a religious component into therapy would be helpful. Similarly, the collectivist culture of

India might offer effectiveness to group narrative therapy (Augusta-Scott & Dankwort, 2002).

Second, the research could be expanded to other similar populations, such as other kinds of homeless population (like rough sleepers or destitute men in Vrindavan) and refugees across the globe, to find any differences or similarities following adversities.

Third, as stated earlier, a part of the population was excluded from the study. These residents were severely mentally ill, making participation futile for the present study. Thus, a future study can be initiated distinguishing the level of distress faced by participants warranting medical treatment versus not so severe cases. This research would throw light on the optimal level of distress required to convert distress into growth.

Fourth, the role of religion and religious coping on changes has been more evidently seen in literature (Chapter 4). The relationship between religious and spiritual coping with changes following adversities is dominated by religious coping, as reviewed and presented in Chapter 4. Thus, more research is required to understand spiritual coping, independent of religious influence. In addition, the review in Chapter 4 also presented that religious people are more likely to participate in the religious studies, resulting in the inflated role of religion. Thus, more literature is required to explore the role of religion and spirituality (independently) with a diverse population – religious, spiritual, secular, atheists and agnostics in future research.

Fifth, the deviant themes that emerged in the thematic analysis warrants for detailed narrative analysis of the interviews in future research. Case study analysis will help understand the process of change through various life events and more easily tease out the pathway of change. Future research building on the same idea and using more sophisticated tools, Redemptive Self (Mc Adams, 1995); narratives as mode of adjustment (Frank, 1993); and adult attachment interviews (Dallos, 2011), can be used to trace the changes in the self, across various populations.

10.6 Conclusion

This research has studied various adversities and changes following adversities faced by the homeless women in Vrindavan. Given the religious significance of Vrindavan, the study also explored the role of religious coping in changes following adversities. Three main conclusions are drawn from the study. First, the adversities experienced by the participants are multi-faceted, based in poverty, role based subjugation, historical upheavals and mental suffering. Second, the distress caused by the adversities is an important catalyst for growth. Therefore, distress and growth are equally important in changes following adversities. Third, religion played an important role in dealing with the difficult situations by offering an alternate perspective to look at human suffering, and thus a way to grow out of adverse experiences. The present work has offered an in-depth understanding of different kinds of changes, and also the cognitive and emotional processes to change following adversities, and has laid foundations for future research.

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APPENDICES

Appendix 1: Sample of Information Sheet, Consent form and Socio-demographic Sheet

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Information sheet/Introduction letter

To whomsoever it may concern

This letter is to introduce Ms. Neetu Rana, the bearer of this letter. She is a PhD student at the Institute of Work Health and Organisations (I-WHO), University of Nottingham, United Kingdom. I-WHO is an international acknowledged institute in Applied Psychology and a collaborating centre for the World Health Organisation. She is conducting a study titled "Changes following Adversities in Homeless Women at Religious places in India". This research is carried out under the guidance of Dr Nigel Hunt, associate professor at the I-WHO.

The aim of the research is to find out the present psychological well being of the homeless women that have been residing in Vrindavan. The present study is an attempt to explore and understand the strengths that these women possess. It will look into the factors, like social support , personal strengths and religious beliefs, which may contribute to an individual's strengths.

The study will use in-depth interviews to collect data from homeless women above 30 years of age, who speak Hindi and have been residing around Vrindavan for the past year. Interviews might run into one to two hours over multiple sessions with the participants.

The study will be conducted at the time and place convenient to the participants. The potential participants would be explained the nature of the study and would be enrolled only after seeking informed consent. The data obtained will be kept confidential and will be used for research purposes only. Any participant desiring/ needing professional help for managing psychological distress would be directed to the appropriate services.

This is to solicit your support in conducting this study by helping Ms. Neetu to have access to the potential participants.

Thank you

* Information letter is for the government and non government organisations which run the shelter homes for the set population.
**Information was translated in Hindi, as that's the official language of the country

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Participant Consent Form

Title of Study: Changes following Adversities in Homeless Women of Vrindavan

The aim of the research is to find out the present psychological well being of the homeless women that have been residing in Vrindavan. The present study is an attempt to explore and understand the strengths of the women. It will look into the factors, like social support, personal strengths and religion, which may contribute to an individual's ability to face difficult times in respective lives.

You will be required to share your personal life experiences. All the interview content will be recorded on tape. The content of the tapes will not be disclosed to anyone outside the research team at I-WHO and will not be used for any purpose outside this project. The tapes will be stored according to data protection procedures at I-WHO.

Please tick/nod/say yes if you confirm that you understand the following aspects of your participation.

1	I agree to participate in this research	□
2	This agreement is of my own free will	□
3	I have had the opportunity to ask any questions about the study	□
4	I will not have to answer any questions that I find upsetting	□
5	I realise that I may withdraw from the study at any time, without giving a reason and without any effect on my work; similarly, I may switch off the tape recorder at any time during the interview	□
6	I have been given full information regarding the aims of the research and have been given information with the Researcher's names on and a contact number and address if I require further information.	□
7	All personal information provided by myself will remain confidential and no information that identifies me will be made publically available	□
8	Any material used in project reports, academic papers or feedback to the organisation will be used anonymously and will not identify me in any way	□

....

Name & Signatures/Thumb Impress/ Audio recording Name & Signatures

(Participant) (Researcher)

Date:..... Location:.....

Contact Details: Neetu, local no. 07789591413; E-mail: lwxnr@nottingham.ac.uk

Notes * one copy of consent with participant and one with the researcher, if it's taken on paper

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Socio-Demographic Sheet

Date and Time :

Location of Contact :

Place of Data collection:

Name: Age:

Language: Education:

Location of family: Present Accommodation:

Source of income: Duration of Stay in Vrindavan:

Place of origin:

Information on Family:

- Family of Origin :
- Marital Status
- Age at the time of marriage:
- Occupation of husband:
- How old were you when husband died/left/divorced?

Appendix 2: Interview Guide

Interview Guide

1. **Guide directing/structuring the not so articulate interviewee**

The interviews yield life experiences/narratives. Narration of life experiences will be structured around six family life stages (Carter & Mcgoldrick, 1989).

1. Family of Origin experiences as single individual before marriage
2. Married couples without children
3. Married couples with young children (below 12 years)
4. Married couples with Adolescent & Launching grown up children
5. Couples in Midlife
6. Couples in Later life

Each stage of the family cycle would require narration of events that happened to the participants in that stage of their life. It would involve articulation or unrolling of experiences of joys, sorrows, regrets, weakness, strengths and rolling every possible experience that they could recollect in that stage.

2. **Probes focusing on the issue of widowhood and Homelessness**

The experiences of widowhood and becoming homeless would be the major focus of interview. Coping, support and changes experienced would be the areas of concern in each of the experience of widowhood and homelessness. The following are the probes that would be used to guide the interview in eliciting details during the interview.

Widowhood

- How was your experience of losing your husband?
- How did society and the family react to your widowhood?
- How do you feel about being a widow?
- How did you cope with the loss?
- Who supported you then - emotionally and financially?
- What problems did you face after losing your husband?
- Did you experience any positives of losing your husband?
- Did you experience any changes in your thinking or behaviour after losing your husband?
- Do you think life would have been different if your husband was still alive?

Homelessness

- When did you move to Vrindavan?
- Why did you choose Vrindavan?
- How did you come here/ who brought you here?
- Who paid for your trip?
- Where did you go first after coming here?
- What made you move to Vrindavan?
- Is your family aware about your place of stay? Do they visit you?

- Is there any support sort of support that you get from your family?
- Who else is there to support you now?
- Do you visit them? Would you like to go back to your home/family?
- What is your life like these days?
- Are there any things which trouble you about the shelter home?
- Are there any stressful things that bother you from your past?
- Have there been any benefits that you feel of moving out of house and staying here alone?
- Have you experienced any disadvantages with moving here?
- Do you think you have changed after moving house to date in any aspect? How have your priorities changed?
- Do you think your way of looking at yourself and others have changed?
- How do you see these changes in yourself?

3. <u>Probes to built the general discussion in narratives</u>

- Out of all traumatic events/phases in life, which has been most the difficult to forget?
- How did you deal/cope with it? Struggles that you faced while dealing with these two events?
- Who supported you in those days of struggle?
- Does that disturb you now as well?
- Do you feel whatever has happened shouldn't have happened?
- What worse could have happened than this?
- Do you believe whatever happened, happened for good?
- Do you ever get this feeling that I could handle the worst of my time, now I can handle anything?

4. <u>Probes for Concluding Interviews</u>

- Given a chance would you want to re-write your life again? / What specifically you would want to change?
- How do you see your future? How do you feel about your future?
- Is there anything you want me to ask or tell me more specifically before we stop the interview?

Appendix 3 : Sample of an Interview Transcript

I: That time, it happened before that (marriage with the doctor). I have heard!! I didn't have knowledge then. After marriage I had gone to the guy's place but was brought back immediately. Like I had gone in the evening and was brought back the next morning. My family members, they didn't send me back after I was home. They didn't send me because of our neighbour, who is also our relative. We had called many relatives from Bihar (home town). So, even my paternal uncle was also called. He was a friend of my dad. They were close friends. He used to adore me. He still comes home. He happened to see something in the boy, that he had a relationship with her sister in law. They got to know when they had come to bring me back in the morning. They must have seen something. I was a little girl, I didn't have much understanding. So when they saw something, they immediately got me back. After that they didn't send me. After that I myself don't know what happened and what didn't. Whether I got divorced and how I was separated I don't know. But people say divorce was done. But it's not there in my memory. My memory wasn't that good. I was young to decide what was good and bad for me. After that I got admission to school and kept studying and lived my life. I played and studied and grew like any other girl. But I didn't know that I was married. I didn't know even this much. I started living a normal life. Then, me and my brother…my mother used to work in NIFDA. She joined her job back in the same organization. She started working with doctors. Everyone in Chatikara started knowing her. Doctors knew where my mother lived. One day they called my mother and what my mother saw was an infant lying there in hospital without any attendant. The kid was left in the hospital. So everyone was talking about giving him for adoption. It was heard that his family members wanted to kill the kid, because the day he was born his parents died. He was considered inauspicious. There are many old fashioned people who think like that. But my mother didn't like this. For eight days he stayed in hospital. Then my mother shared her intention to adopt this infant into the family, but everyone said no. But I asked my mother to get the infant home and told her that we both could raise him. He would be a little brother for us. So, after thinking a lot my mother got him home. We were already two; a third one would also grow up with us. She got him home and in that condition I left school. My brothers and mother used to go to school and work. Now the youngest addition in the family was my responsibility. I was little mature by then. I had some understanding of children because my other two brothers were brought up by me because mummy used to be at work. She used to make vegetables and then I used to prepare chapatti later. I had almost left studies. Then things went like that. My brother grew up to two and a half years, when we moved to Attala Chungi (Name of a place). Then the person who had rented us a house, he was a teacher in a school. He used to teach in a school in Aurangabad. He was a teacher in a government school. He had a friend who lived in Dholi Piyau (Name of a place). He too was a teacher. He also knew us. I used to play around and I was beautiful too. I used to look nice then. And I already knew

household work. So these people liked me for their son. My mother also told them everything about my earlier childhood marriage. My mother told them the full story. They liked me. So within few days I was engaged and then soon I was married. I was mature this time… but still I didn't know about my first marriage. My father raised an objection. He didn't like the fact that the boy I was getting married to already had a son. But others convinced him and they asked me if I wanted to marry him. I said I am fine with what they decide for me. So they got me married. It was a good wedding. When I went to my husband's place, kids started calling me mummy-mummy. Then I thought I was told that my husband only had one child, why two kids around call me mummy? I told this to my parents. My parents didn't believe me. They thought the second child would have been brothers or sisters kid and would have said mummy like that. Then my parents found out later that my husband always had 2 children- 1 boy, 1 girl. There were arguments around in the house. But then it didn't matter because we were already married. I thought whatever had to happen, had happened. I will live my life with this situation. So like this my life went on. Most of the time I used to be ill. The incidence I told you earlier happened. I used to be sick most of the time because of the bad things happening to me in the house. I used to be in intense fear. I used to hide myself in the house. I never liked staying alone in the house. I would fear that my father in law or brother in law might come and sexually abuse me. I was very helpless there. (With great efforts, she could narrative this incidence. Frequent frowns were noticed)

N: If you don't mind, can you elaborate on what your father in law and brother in law did?

I: He…he….earlier, landlines were the only mode of communication. PND phones

N: What phones?

I: PND

N: Ok

I: The ones with a receiver. So the phone was there at our place. I had it at my mother's place. So what he used to do. He used to tell me that my mother has called and my mother only used to call sometimes. He never asked me to do parda (daughter in law usually keep their face covered in front of elderly at home), but the daughter in law younger to me was asked to parda. I was allowed to speak as well (Daughter in law are not supposed to talk in front of elderly at home). It was up to them. But there was clear discrimination. So what he used to do was, he used to call me on the pretext that my mother has called. When I used to go in the room to attend my mother's call, he would touch me in wrong places (expression of disgust). I used to get scared. It was a

new place for me. So I used to keep myself in my room only. My mother in law complained that I didn't do household work. But she didn't understand my problem. Neither could I tell nor could they attempt to understand. It wasn't her mistake as well because she didn't know the truth. And I couldn't say it because I knew nobody would believe me. So I kept things to myself and stayed in my room. Whenever my mother used to call, I would speak to her and after keeping the phone down, my father in law would make me sit on his lap and then kiss me and touch me. I had become very hopeless. I used to stay like a mad women in the house. I didn't know what I would have done. I used to run to the terrace. I used to feel suffocated. I used to cry and I lost all abilities to think for myself. I wasn't that mature still. I must have been 16 years at most then.

N: Did you try to tell anyone at home – your parents?

I: Did I try to tell anyone??

N: Your husband??

I: That time, the same thing came in front of me. I used to be very fragile, weak and restless. I was very scared. I told my husband that such things had been happening to me. He told me it's because of the makeup I do to make myself more attractive Because of my makeup people eye me. I was already beautiful. When he said something like that I got all the more tensed. Now I had no way out. Whom could I approach and say when my own husband didn't support. I got all the more sad. I used to cry all the time. I used to stay in intense stress and tension. I always thought of a way out. I stopped going out of my room. And whenever I used to find myself alone in the house, I used to run to the terrace. I used to live in my house as if that was not my home.

N: You didn't feel safe at your home then.

I: Not safe, I had turned into something… which meant I never liked staying alone. I used to be very restless. I used to find a safe place, used to think of safe options all the time and I couldn't find any safe place. Everyone used to go. He (husband) used to go for work, my mother in law for satsang and I used to be alone with him. I used to try and keep kids around. But he (father in law) used to send them out to get some stuff. And the kids would always go out to get some stuff. I had my own son by then. I used to keep him with me all the time. I never used to let him go. I mean it had gone beyond limits and I was helpless. So after that I fell ill. It was my sister in law's wedding then. It had been 2 years in my marriage. I had my own son by then. So, I used to stay ill more often. Because I had developed this tension. I had become wasted. My body was wasted then. When you don't feel like eating or drinking and your head is full of tension and you are in a situation where you can't share your feelings and thoughts, then you tell me who can stay healthy? The one you

share with also doesn't treat you well. So I had become wasted. I had become extremely unwell. Even during illness I used to fear the same thing. I used to fear if someone might come and even during my illness, he didn't spare me. He did such dirty stuff that I can't even tell you. You see this portion of my body (referring to her hands) didn't work. I couldn't move them. I could only see, feel and hear things. I was bed ridden. There was a wedding in the house and I was bed ridden. Even then he did such a dirty act. He had slipped his hand inside my clothes. I couldn't do anything and there were tears flowing out of my eyes. I couldn't move and I felt bad that I was helpless and I couldn't do anything for my defence. I mean I was stuck in such a place. My condition was so bad that I wanted to die. My body didn't work. It was like I wanted someone to give me poison. Then somehow after one year I started getting well. Once I was well, I broke off all relations with those people. After I got well, I told my husband if they have all work downstairs they should get their washroom made downstairs and we will stay upstairs. Neither will they come upstairs nor will I go there. Everyone used to come upstairs to use the washroom. So I told them they should get one downstairs for themselves. I used to keep the staircases locked so that no one could come to my floor. And if this door was unlocked for any reason, I used to lock my room. I have openly told everyone and I broke off with them. The kind of dirty act he had done. I couldn't do anything then but later I broke up completely. Then I started living alone. I used to keep myself busy in my work and I didn't keep any contact for 2-3 years. Then later I don't know how and why but slowly we started talking. I don't remember why? Yes! I remember now. My sister in laws in laws had come home and got things patched up for us. I didn't tell those people anything though. So when things got better I started mixing up with them. However I never spoke to that man. But after that my brother in law started eying me. I don't know what happened to him and what came to his mind. I had kidney stone and I used to be on sedative injections. They didn't get me treated but used to put me on sedatives and I used to stay drowsy most of the time. However that day I had some sense. I had taken a bath and was sleeping on my bed. So, it was rainy season. He had come in from the rain and was wearing his underwear only and then he had come and slept on me and then I suddenly got scared and kicked him hard so that he fell. I got really scared and started wondering what actually happened. So before I could say anything he created a scene. He started beating the step children I had. He pulled their hair, dragged them. There was a big drama. He was beating them in the rain. There was no one in the house then. I got all the more scared, why was he beating children? I should rather scold him and yet he is creating a scene. I didn't say anything then. I waited for my husband and packed my stuff. I had taken my clothes from the wardrobe and all the clothes of my child. I packed them. He came, my husband came. I held his legs and begged him to move into a rented apartment as I wasn't safe in the house. The same sort of thing happened with me. When I tell you nothing is being done and then they cross their limits. My husband was also going

through a bad phase. His kidneys (both of them) were not working. So he was also ill. He said 'I am ill and I have a young daughter of 10-12 years. If we take a rented house outside, she will not be safe there, how will we live in rented house?' Then I told him that you worry about your daughter who is still a young kid and you have no concern for me. There have been events that have happened already. So I told him you throw me out of the house and I will go from there. He didn't do anything. He tried to push me out but my brother in law and father in law stopped him. They all started pretending as if the fight was about me and my husband. They tried to sort it out and brought me inside the house. They didn't let me go. I had turned into a mad person. I used to cry all the time, didn't care about my hygiene and kept saying that I didn't want to stay there. I also thought of consuming poison. I was getting worse each day. Fortunately, my brother had come to visit me the next day, the middle one. He always adored me. This brother and I shared a very good relationship. It was hariyali tij (a festival) and it was rainy season. He saw my condition and he started crying. He asked me, I didn't tell him anything. If I had told him then there could have been a huge fight. He wanted me to come and visit my mother for few days. But my in laws didn't allow me... they said she hasn't been well. Come and take her after some time. So my brother told me not to worry and he would come rachis (another festival that comes after one or two weeks). So I told him ok. 10-12 days passed, and then it was rakhi. My brother came two days before rakhi. I packed all my stuff and left with my brother with all the stuff that I possessed in the house. They (in laws) didn't stop me. I didn't go home after coming to my parents' place. My brother was getting married. So I was there. Even my parents had made my condition bad. There was a girl, I was telling you earlier. She created some misunderstanding between me and my brother and mother. I had a fight with them and therefore, I didn't speak to my mother and brother for five months. My in laws thought I had fought with my parents and therefore I would not tell anything to anyone. They thought if we worsen her situation, she will be helpless. But my brother had come to meet me. Those days my mother wasn't well and she remembered me. When I had a fight with my parents after my brother's wedding, I left my parents home as well.

N: I am sorry! What exactly had happened between you and your mother/brother?

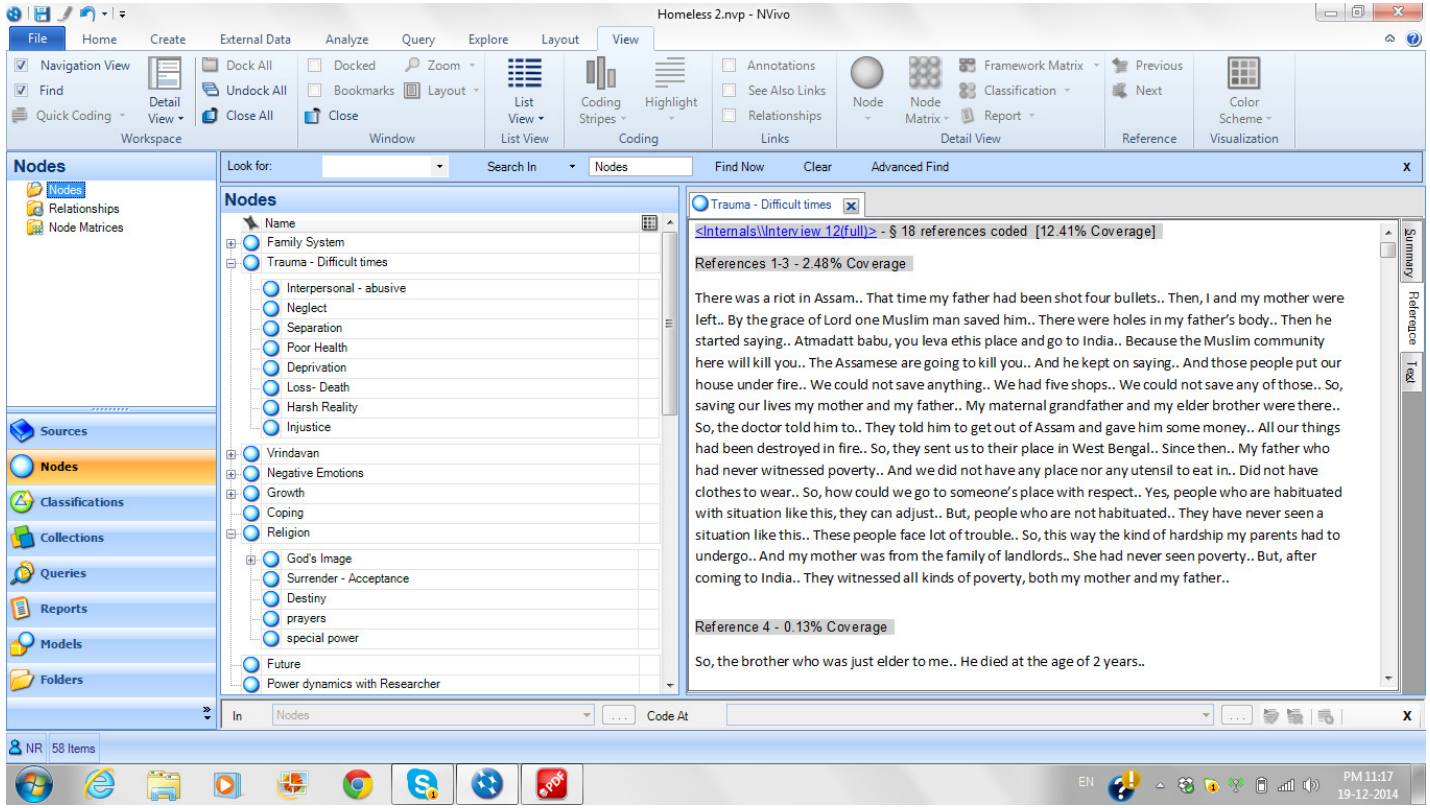
I: My mother had made a girl into her daughter. So this girl was an extremely "four number" kind of person.

N: Who are "four number" kinds of people?

I: Four, jatav(Smart). Now my mother is someone who will speak to everyone who speaks to her nicely. If someone is sweet she can go out of the way to help. She is very naïve, she gets into people's traps pretty soon in her talks. So,

she was so. I mean my mummy and brother. She had taken my mother and brother in her confidence. They all had gone against me.

Appendix 4: Screen Shot of Nvivo Coding


Homeless 2.nvp - NVivo
File
Home
Create
External Data
Analyze
Query
Explore
Layout
View
Navigation View
Find
Quick Coding
Detail View
Workspace
Dock All
Undock All
Close All
Docked
Bookmarks
Close
Zoom
Layout
Window
List View
Coding Stripes
Highlight
Coding
Annotations
See Also Links
Relationships
Links
Node
Node Matrix
Framework Matrix
Classification
Report
Detail View
Previous
Next
Reference
Color Scheme
Visualization
Nodes
Nodes
Relationships
Node Matrices
Look for:
Search In
Nodes
Find Now
Clear
Advanced Find
Nodes
Name
Family System
Trauma - Difficult times
Interpersonal - abusive
Neglect
Separation
Poor Health
Deprivation
Loss- Death
Harsh Reality
Injustice
Vrindavan
Negative Emotions
Growth
Coping
Religion
God's Image
Surrender - Acceptance
Destiny
prayers
special power
Future
Power dynamics with Researcher
Trauma - Difficult times
<Internals\\Interview 12(full)> - § 18 references coded [12.41% Coverage]
References 1-3 - 2.48% Coverage
There was a riot in Assam.. That time my father had been shot four bullets.. Then, I and my mother were left.. By the grace of Lord one Muslim man saved him.. There were holes in my father's body.. Then he started saying.. Atmadatt babu, you leva ethis place and go to India.. Because the Muslim community here will kill you.. The Assamese are going to kill you.. And he kept on saying.. And those people put our house under fire.. We could not save anything.. We had five shops.. We could not save any of those.. So, saving our lives my mother and my father.. My maternal grandfather and my elder brother were there.. So, the doctor told him to.. They told him to get out of Assam and gave him some money.. All our things had been destroyed in fire.. So, they sent us to their place in West Bengal.. Since then.. My father who had never witnessed poverty.. And we did not have any place nor any utensil to eat in.. Did not have clothes to wear.. So, how could we go to someone's place with respect.. Yes, people who are habituated with situation like this, they can adjust.. But, people who are not habituated.. They have never seen a situation like this.. These people face lot of trouble.. So, this way the kind of hardship my parents had to undergo.. And my mother was from the family of landlords.. She had never seen poverty.. But, after coming to India.. They witnessed all kinds of poverty, both my mother and my father..
Reference 4 - 0.13% Coverage
So, the brother who was just elder to me.. He died at the age of 2 years..
Summary
Reference
Text
Sources
Nodes
Classifications
Collections
Queries
Reports
Models
Folders
In
Nodes
Code At
NR
58 Items
EN
PM 11:17
19-12-2014

Appendix 5: Sample of Extracted Themes/Nodes

Extracts of node on abused wives

The node consisted of incidences narrated by participants being abused and harassed in various ways – emotionally, mentally, physically, sexually or spiritually. It also had contradictory incidences where participants said that they were being loved by their husbands.

1. "*My husband had started drinking alcohol and he started creating troubles in my life. We started fighting often. //There was a usual fight happening between us. I was asking him to find a job and work for children and all. We argued like always. I assumed it was over after a bit of an argument. He had sent the children to buy something from the shop. He locked the door from inside and tried to strangle me. I tried to resist. He slapped me and hit me hard. I was numb after a while. In the mean time my sons had come. The eldest one found something wrong. He immediately ran to the telephone shop and called my mother. He said granny come fast."* (Interview 1)

2. *"I used to be very fragile, weak and restless. I was very scared. I told my husband that such things have been happening to me. He told me it's because of the makeup I do to make myself more attractive. Because of my makeup people eye me. I was already beautiful. When he said something like that I got all the more tensed. Now I had no way out, who could I approach and say when my own husband didn't support me*." (Interview 1)

3. "*What my husband would do. Today he would throw the lord's idol. Tomorrow he would kick the lord's food. Then what he would do he would get drunk and cook fish in front of lord's temple. He would torture a lot."* (Interview 6).

4. "*My husband was a gambler. He used to gamble. I was happy. He used to gamble. But, he looked after me well. Did not leave me. Used to beat me but then loved me also. He used to look after me well"* (Interview 8)

5. *"I had problems, because I had no children. I had given birth to a child who had died. This is his duty. When he has children, then our family would be complete. We both women would stay together. But this does not happen in this world. If someone else comes, then the other has to go*." (Interview 15)

6. "*After marriage, I stayed in his house for one year. Every day we used to fight. Because he used to eat meat and drink alcohol. He had all the bad qualities."* (Interview 17).

7. *"My husband did not love me. He used to doubt me. And I could not think even in my dreams that my husband did not like me. That he wanted to stay away from me. I used to say that my husband is the best, there is no one like him. I thought he did not do any wrong things. I thought he had no bad habits. I never saw him drinking alcohol// I never saw him in bad company. His friends used to do that. So, I used to tell him that if he wanted to stay with me he should stop doing those things. So he did not used to speak to me. He used to stay outside from the morning."* Interview 12.

8. "So*, my mother started living there only. Four years. She stayed there with her brothers. My father lived separately. I and my mother stayed at her maternal place and we had to see all kinds of grief. Brother's wife and all, they don't look after you. So, my mother was sad. She was staying away from her husband. No one cared."* (Interview 12)

9. *"His mind is crooked, that is why my father in law also had to suffer a lot when he was alive. My husband sometimes used to run away. He took money from someone on the pretext that he would pay back interest. He got Rs 500 or Rs 2,000 or Rs 3,000 from different people and ran away. And he came back after one or two years // But, then also those people used to say things to me. He was insane. They used to say things to him and he used to fight with me. This also happened. There was a cow at our home. A cow of my father in law. But, my*

husband sold that cow also. After selling it he took away that money from me". (Interview 28)

10. *"When my husband used to leave home and go away for a long time. When he stayed, he used to do everything, taking care, feeding etc. But, when he went for long periods, then I used to get very sad. Then I did not know when he would come. Then I used to get sad. I used to stop eating and drinking. He did not come today, not tomorrow. He did not come home unless he wanted to."* (Interview 28)

11. *And everyone in my house is a vegetarian. Mother-father, brothers, sister everyone. And I am also a vegetarian. People who used to come to my house (for my marriage) were all non-vegetarian. That is why I chased them all away. That is why I never married. After leaving non-vegetarian"* (Interview 33).

12. *"I moved a long time back...almost 22 years...my husband was alive then. He wasn't nice as well. Yes, he never used to give money. What would have kids eaten, what would have I eaten...so like that only I left everything and used to come here."(*Interview 37).

13. *"My husband used to work for Avon Cycle Company. He was very nice, very simple. My life was going well till 12 years of marriage. After 12 years he passed away."* (Interview 39).

14. "*When I was working I used to look around and used to hear stories about people who got married and then left their partner for someone else. So that made me stop from marrying anymore. I thought I would be able to live my life by myself, free to my wishes. I could sleep according to myself, free to roam around. There would have been no drama. I could have spoken my heart easily (without any obligations). So, marriage then didn't come much in my mind. It all seemed a waste because what if he would leave me. I could have got 2-3 kids after marriage also. But who would have cared for them. I can manage myself and could manage myself alone then. But with children how*

could have things happened. He wouldn't have come to help. How could I have adjusted? So there is no regret regarding that. I wanted to stay away from this and that's what also happened to me." (Interview 40)

15. *"Then I got married into a similar sort of a family. My husband was also nice like a Lord Vishnu. If I did something wrong he never said you caused so much of loss or something. He never used to say anything like that. Even when I used to get irritated at the servants for the loss, he used to shut me up by saying let it be. It's just a loss. I never saw him angry"* (Interview 42).

16. *"I had once tried to talk about my right as a wife. He got furious and left home and started living outside only. Once I tried to stop him in the night from going out. He said it would have been nice if I was dead and left home // When he left me completely. When I tried to stop him from going out. Earlier he was in Dubai. He used to come every 2-4 months to meet me. I called him back for good because my parents wanted me to. My mother and sisters used to say he is there and you are here, why like that? He should come back. He used to bring lot of electronics material. So there was some bit of jealously also. So, he came back but then had gone away. Then he didn't return."* (Interview 43)

17. *"I was told that the boy was good when others had gone to see him. Within one year of marriage there used to be fights. Then we got separated. He used to drink alcohol a lot then. I had to go through a lot."* (Interview 45).

18. *"Yes, very well. Daughter, I won't lie to you. He used to take good care of me"* (Interview 50)

Appendix 6: Three versions of coding schemes

First version: List of themes that emerged across Narratives

1. Family situation
2. Poor family
3. Large Families
4. Multiple migrations due to civilian issues
5. Less education for girls
6. Early Marriages
7. Abusive Husband – Loving Husband
8. Troublesome in-laws
9. Property issues
10. Rejected Widows
11. Maltreatment
12. Conflicts with Children
13. Multiple deaths and separation in families
14. Coping Skills
15. Planning
16. Problem Solving
17. Seeking Help
18. Ventilation
19. Distraction
20. Avoidance
21. Acceptance
22. Trauma Symptoms
23. Sleeplessness- Nightmares
24. Sadness and Crying
25. Avoidance

26. Anxiety related symptoms

27. Psychosomatic complaints

28. Hallucinations

29. Hoarding

30. Paranoid thoughts

31. Hopelessness-helplessness

32. Suicide attempts and thoughts

33. Worries related to death –dying and cremation

34. Complicated Grief

35. Health related issues

36. Multiple deaths

37. Poor health care

38. Poor physical health

39. Religion

40. Image of God

41. Hindu Philosophy

42. Destiny

43. Surrender

44. Prayers

45. Reading religious texts

46. Attending religious lectures

47. Bhajjans

48. Fasting

49. Prakima

50. Upset with god

51. Resilience

52. Hardiness

53. Persistence

54. Growth

55. Self re-discovery

56. Freedom

57. Enhanced confidence

58. Existential understanding

59. Internal politics of ashram

60. Irregular pension

61. Poor facilities

62. Begging as an alternative

63. Mishandled by staff

64. Interpersonal issues with other inmates

65. Role of Researcher

Second version: Organised Themes with Nodes

1. Family Set up
    1.1. Patriarchy - Daughter- wife-widow and mother
    1.2. Poor and deprived families
    1.3. Multiple struggles and distress
    1.4. Witnessed Historical communal violence
    1.5. Poor health care and multiple deaths
2. Ashram Set up
    2.1. Irregular pension
    2.2. Poor facilities
    2.3. Begging as an alternate
    2.4. Mishandled by staff
    2.5. Interpersonal issues with other inmates
3. Psychological Symptoms
    3.1. Trauma related
    3.2. Anxiety related
    3.3. Depression related
    3.4. Psychotic
    3.5. Grief related
    3.6. Psychosomatic
4. Coping Skills
    4.1. Planning
    4.2. Problem Solving
    4.3. Seeking Help
    4.4. Venting
    4.5. Distraction

    4.6. Avoidance

    4.7. Acceptance

5. Religion

    5.1. Image of God

    5.2. Hindu Philosophy

    5.3. Religious Observances

    5.4. Upset with god

6. Resilience

7. Growth

    7.1. Self re-discovery

    7.2. Freedom

    7.3. Enhanced confidence

    7.4. Existential understanding

Version 3: Reorganised themes and nodes

1 Adversities

1 a) Adversities based in Historical Times

1 b) Hardships of poverty

iv. Inadequate Finances

v. Poor and Expensive Health Care

vi. Inadequate Housing

1 c) Role based subjugation

iv. Unwanted Daughters

v. Abused Wives and Rejected Widows

vi. Ageing and Maltreated Mothers

vii. Homeless women

2 Coping Strategies

2 a) Problem Focused Coping

i. Planning

ii. Problem Solving

iii. Seeking Instrumental Support

2 b) Emotion Focused Coping

i. Venting

ii. Positive Interpretation

iii. Religion

3 Changes Following Adversity

3a) Positive Changes

Change in self

i. Self Focus/ Change in Priorities

ii. Autonomy – Freedom

iii. Confidence – Courage

iv. Tolerance – adjustment

v. Perseverance

Change in Philosoph1y

3 b) Negative Changes

v. Worry

vi. Grief

vii. Somatic Complaints

viii. Depressogenic Thoughts

Appendix 7: Triangulation Notes

The thematic analysis was presented to the three experts on the issues. These three people have been working on the issue at the grassroots for more than 20 years.

- **Description of Experts**

The first expert was Dr. Mohini Giri. She is the ex-chairperson of the Women's Commission of Delhi. She has been working on the issue of widowhood across India. Her focus has been on war widows, and widows of Vrindavan. She runs a non-profit organisation called the Guild of Services. The organisation works for women's empowerment across India. The organisation has a project running in Vrindavan called Maa-Dham. This is an ashram for women who are homeless for various reasons.

The second expert was Mrs. Wini Singh. She has been in social work and public health care for more than 20 years. Her focus of work has been on gender equality, health and the elderly. She presently runs one of the government run ashrams at Vrindavan. She advocates for the dignity of homeless women in Vrindavan.

The third expert was Mr. O.P.Yadav. He is the District Provisional Officer, Mathura. He is the acting nodal officer for government run ashrams. He has been posted in Mathura since 2011. He reports to have worked hard to change the situation of homeless women in Vrindavan, ever since he was posted here. His report initiated the Supreme Court inquiry into the problems faced by the population. His educational background in sociology was stated as a reason for his special interest in the population and their betterment.

- **Content, mode, place of presentation**

Oral presentations were made to the three experts individually, at a prior fixed appointment at their respective offices. The content of the presentation involved all themes and the model derived from the thematic analysis. The presentation was meant to include only the experts. However, at the time of the Maitri Presentation, Ms. Wini Singh wanted her other team members to participate in the same. It was difficult to fix an appointment with Mr. O P Yadav, probably reflecting the relationship of mistrust shared between the government officers and the researcher. After great difficulty the meeting happened.

- **Feedback**

All three experts expressed their appreciation for the work that was carried out.

Mrs. Wini Singh was keen on the findings and made several inquires during the presentation to increase her depth of understating. She and her team had input about interventions that the organisation has already being making efforts for, like family re-integration. However, they reported not very optimistic results for that. The Maitri team agreed to the analysis with nothing to contradict per se, though there were moments of surprise during the presentation, like the fact that participants had been through the communal riots. One of the team members also presented scepticism that the findings of the results were from Hindi-speaking homeless women. The basic synthesis of the presentation understood by the team was the fact that the efforts needed to go from being welfare-oriented to well-being oriented. In addition, the team was curious to take the study findings further to do a psychological intervention. They invited the researcher to help counsellors at the ashram to help the residents recover from psychological injuries. They requested literature that exists on homeless women across the globe and also the research findings for their records.

Dr. Mohini Giri was pleased to listen to analysis and congratulated the researcher for the depth of work. She also more or less agreed to the overall thematic analysis. She had queries, clarification and some additional comments to make. She focused on the theme of "role based subjugation" and stated how stigmatised widows still are. She synthesised the findings as the positive influence of ashrams in the lives of the homeless women. She reported that the study was unique because it had proved that these institutes have constructive role of play in the lives of residents. She was also interested in taking researchers' feedback on where Maa-Dham (ashram) stood in comparison to other ashrams, in terms of food and shelter. She also wanted to know if the researcher came across any women involved in sex work. She suggested that the researcher write a newspaper article, as awareness about the findings had to reach a wider audience.

Mr. O.P.Yadav was open to the findings of the study. He was ok with the overall findings of the study. He had some significant points to add. For instance, on the point of religious observance, he added that the lack of education was responsible for participant's blind faith in God. According to him, there were two paths to devotions- Bhakti Yoga and Gyan Yoga. The former involves devotion expressed through activities like bhajjans, fasting, prayers etc. Whereas, Gyan Yoga involved

reading religious texts to intellectually understand the essence of devotion. In Bhakti Yoga people blindly do things without understanding properly, while in Gyan Yoga they assess their capacity against the devotion. The second related point he added was the gradual change in the demographics of these women. According to him earlier women used to come from pure religious reasons called “Tapasvanis” and used to live on “Madhukari”. However, recently they come for charity and money. Many of the women sell charitable goods and take money back home. He also reported that many of the women even after coming to Vrindavan attempt to commit suicide. The depressive thoughts are because they haven’t been able to forget their pasts and move ahead. He suggested religious classes focusing on “letting go” of the past.

He asked the researcher to summarise the study in 20 points and mail him. This way he could execute the findings of the study into practical solutions. He also suggested that the next topic or issue of concern that required in-depth study was the orphan children in Vrindavan. He reported that many children are abandoned in Vrindavan. He said that Vrindavan is the most attractive site for abandoning because nobody ever sleeps hungry in the area. There are always Langar (Free food fest) happenings at one or other location in the town.